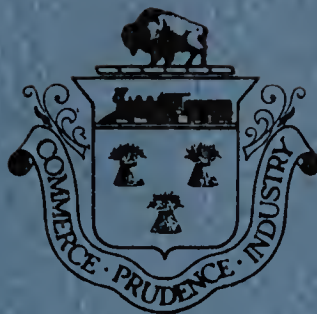
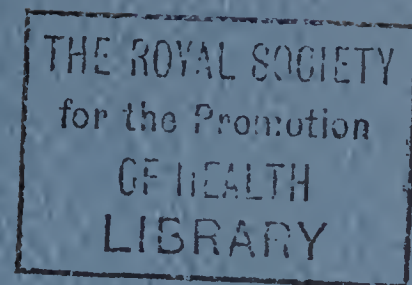




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CITY OF WINNIPEG HEALTH DEPARTMENT

ANNUAL REPORT 1965

**R. G. CADHAM, M.D., D.P.H.
MEDICAL HEALTH OFFICER**

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CITY HEALTH DEPARTMENT

Winnipeg, 1965.

Chairman and Members,
Committee on Public Health and Welfare.

Madam and Gentlemen,

I have the honour to present the Annual Report of the City Health Department for the year 1965.

The year was free of any serious threat of illness of a major proportion among the citizens. There was an increase in the workload of almost every phase of our endeavours. The Department was responsible for the enactment of some important and progressive legislation.

The City Council passed a By-law which established standards relating to the state of repair and maintenance of the exterior of residential buildings. However, the enforcement of this By-law will be delayed until Council appoints a "Better Housing Commission" to hear appeals which may result from our efforts to enforce this new By-law. This legislation will be of tremendous benefit in the prevention of housing blight in the City.

The Manitoba Public Health Act was amended to permit the Health Officer to require an annual chest x-ray of all hairdressers and barbers before they are licensed and this will take effect in Winnipeg in 1966. The Public Health Act was also amended to provide the Health Officer with the authority for a public health inspector to enter an occupied dwelling and inspect it without the consent of the owner or occupant. Through the efforts of the Department the Public Health Act now includes provision for the Health Officer to order the removal of unsightly old car bodies from property. This legislation has solved a problem which has plagued us for many years.

The Provincial Board of Health agreed to recommend to the Minister of Health that the Public Health Act contain a clause which would allow the local municipal Health Officer authority to require private caterers to pass a written or oral examination to demonstrate they have knowledge in safe methods of food preparation before being granted a licence. So far this proposed legislation has not been approved by the Provincial Cabinet but there is every expectation that this will occur in the near future.

The incidence of common communicable diseases was lower than usual. Our immunization programmes were continued in the Child Health Centres and in the schools. The incidence of infectious hepatitis in the community appears to be waning as only 110 cases were reported, the lowest since 1958. Only 5 deaths occurred from tuberculosis, which is by far the least number ever. The birth rate decreased to 20.5 per thousand population, the smallest number since 1948. No doubt the increasing acceptance of the oral contraceptive method of birth control was a factor in this reduction.

As you will see by the report on Public Health Nursing Services this division had an exceptionally busy year and once again it was necessary for us to decline requests for nursing services due to a shortage of staff. We are hopeful of having the public health nursing establishment increased in the coming year.

**WELLCOME
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There was considerable expansion in the work of the Child Dental Services with appointments being increased from 15,273 in 1964 to 18,544 for this year. The immense value of a fluoridated water supply in the reduction of dental caries in the school children born since 1957 is depicted in the tables of the Child Dental Services.

Details of the work performed by the various Divisions of the Department during the year are contained in the following pages. The support of the Committee on Public Health as well as that of other elected representatives of the City Council has been appreciated by myself and all members of the staff. I should like to commend all members of the Department for their loyalty, diligence and efficiency in carrying out the many varied activities of the Department.

Respectfully submitted,



R.G. Cadham, M.D.,
Medical Health Officer.

RGC:lv

C O N T E N T S

Committee on Public Health and Welfare - Staff	1
<u>Vital Statistics</u>	
History, Area and Population	2
Vital Statistics as registered	3
Summary of Vital Statistics - Residents, 1965	3
Live Births	6
Order of Birth by Age of Mother	6
Vital Statistics Tables 1911 - 1965	7
Chief Causes of Death - Residents, 1965	8
Chief Causes of Death - Certain Age Groups	9
Deaths of Winnipeg Residents by Cause, Age and Sex	11
Infant Deaths	20
Deaths, Births, Stillbirths and Maternal Deaths by Statistical District.	21
<u>Infectious and Other Diseases</u>	
Infectious and Other Diseases	22
Medical Care	28
Immunizations and Vaccinations	29
Tuberculosis Control	30
<u>Child Dental Services</u>	
.....	36
<u>Public Health Nursing</u>	
School Health Services	45 & 52
Home Visiting Service	48 & 56
Maternal Hygiene	48
Child Health Conference	49 & 54
Child Caring Institutions	49
Nutrition Service	50 & 56
Student Program and Special Projects	51
School Audiometric Tests	52
Children Examined for Fresh Air Camps	52
Eye Clinic Report	57
Victorian Order of Nurses	57
Consultant Child Care Services	58
<u>Inspection Services</u>	
Inspections Branch	61
Dairy Division	66
Food Division	67
Housing Division	68
Sanitation and Hygiene	70
Financial Statement	72

COMMITTEE ON PUBLIC HEALTH AND WELFARE

Alderman E.J. Enns, Chairman,
 Alderman P. Parashin, Acting Chairman,
 Alderman E.I. Tennant,
 Alderman M.H. Danzker,
 Alderman L. Stinson,
 Alderman I. Wolch,
 His Worship Mayor S. Juba (ex officio)

STAFF

Medical Health Officer	R.G. Cadham, M.D., D.P.H.
Deputy Medical Health Officer	P. Constantinidis, M.D.
Consultant, Child Care Services	H. Medovy, M.D., F.R.C.P.(C).
Director of Dental Services	L.N. Konyk, D.D.S.
Director, Public Health Nursing	Miss L. MacKenzie, R.N., M.A., P.D.
Chief Health Inspector	E.J. Rigby, D.V.M.
Secretary	E. Singleton.

HISTORY

From a Hudson's Bay Company trading post (Fort Garry) in 1870, with a population of 215, Winnipeg has grown to the size and finish of a first-class city of approximately 258,000 people. When the City was incorporated in 1873 there was a population of 1,869.

The present Health Department may be said to date from 1900 when the late Dr. A.J. Douglas was appointed the first full-time Health Officer.

From 1881 to 1900 Winnipeg had a series of part-time Medical Health Officers.

In 1941 amalgamation with the School Medical Services occurred and the services increased and extended to all child-caring institutions in the City without distinction. This applies to Medical, Dental and Nursing Services.

The Child Health Services Board was set up to help the Department in a consultative manner, meetings being held at the call of the Chairman. This Board was replaced in 1955 by a monthly meeting of the administrative officers of the School Board and the Health Department.

The Department has now several Branches to carry out the provisions of the Public Health Act of Manitoba, the Health By-law of the City and a number of other City By-laws.

AREA AND POPULATION

The City covers a total area of 31 square miles -- land 30.27 square miles (19,196 acres), and water .73 square miles (46⁹ acres). The density of the population is 13.3 persons per acre of land.

For statistical purposes the population for 1965 is 254,844, a decrease of 952 from 255,796 in 1964 as determined by the Assessment Commissioner. In 1965 the natural increase (live births less deaths) was 2541.

VITAL STATISTICS AS REGISTERED IN WINNIPEG, 1965

(Including Non-Residents)

	<u>1965</u>	<u>1964</u>
Live Births	8,198	8,874
Deaths	3,190	3,175
Stillbirths	116	150

Summary of Vital Statistics, Residents, 1965

		<u>1965</u>	<u>1964</u>
<u>Live Births</u>	Male	2,741	2,838
	Female	2,480	2,705
	Undetermined	1	-
	Total	5,222	5,543
Rate per 1,000 population		20.5	21.7
<u>Deaths</u>	Male	1,571	1,557
	Female	1,109	1,049
	Undetermined	1	-
	Total	2,681	2,606
Rate per 1,000 population		10.5	10.2
Natural increase		2,541	2,937
<u>Infant Deaths (-1 year)</u>	Male	62	77
	Female	40	51
	Undetermined	1	-
	Total	103	128
Rate per 1,000 Live Births		19.7	23.1
<u>Stillbirths</u>	Male	39	34
	Female	30	49
	Undetermined	1	-
	Total	70	83
Rate per 1,000 Live Births		13.4	15.0
<u>Maternal Deaths</u>		-	-
Rate per 1,000 Live Births		-	-

(Population - December 31, 1965 - 254,844)

LIVE BIRTHS

There were 5,222 live births to Winnipeg residents in 1965 compared with 5,543 in the previous year, with a decline in the rate per 1,000 population 21.7 to 20.5. The 1965 rate was the lowest recorded since 1948. As in previous years the statistics show an excess of male over female births. In 1965 there were 1,105 males born for every 1,000 females a substantial increase in the ratio of 1,049 males to 1,000 females, recorded in 1964. There was no significant difference in the order of birth from 1964, with first born accounting for 36.7 per cent, second children 26.5 per cent, and third children 16.6 per cent. Children born to mothers in the 15 year age group, 20-34 years numbered 3,901 or 74.7 per cent.

INFANT MORTALITY

Infant deaths under one year of age numbered 103 giving a rate of 19.7 per cent per 1,000 live births compared with a rate of 23.1 in 1964. Deaths occurring in the first week of life accounted for 68 per cent and 48.5 per cent occurred during the first day.

Congenital malformations (36), Immaturity (21), Injury at birth (12), postnatal asphyxia and atelectasis (11), and accidental causes (8), in that order, were the principal causes accounting for 85.4 per cent of infant deaths.

A detailed list of the causes of infant deaths is on page 20 of this report.

PERINATAL MORTALITY

In 1965 there were 70 stillbirths and 70 deaths of infants under one week, for a total of 140 which represents a perinatal death rate of 26.5 per 1,000 total births. Comparative rates for 1964, 1963, and 1962 show rates of 30.8, 28.9 and 29.7 respectively.

MATERNAL MORTALITY

For the second year in succession there were no deaths recorded from conditions pertaining to childbearing for Winnipeg residents.

GENERAL MORTALITY

A total of 2,681 deaths were recorded in 1965 giving a rate of 10.5 per 1,000 population, a small increase from the rate of 10.2 recorded in 1964.

Diseases of the heart continue to be the leading cause of death accounting for 933 or 34.8 per cent of all deaths, virtually unchanged from 1964. Mortality from heart disease is at a minimum to age 44 and increases thereafter without interruption to a maximum in old age, with 97.2 per cent of all deaths from heart disease occurring after 45. In general mortality from heart disease is higher among males than among females. Arteriosclerotic and degenerative heart disease is by far the most predominant type of heart disease and is almost twice as common among males than females.

Deaths from Cancer accounted for 560 or 20.9 per cent of all deaths compared with 511 or 19.6 per cent in 1964. There were 313 male and 255 female deaths from cancer with 92 per cent occurring after age 44. Cancer of the trachea, bronchus and lung was the most common site among males, accounting for one quarter of all male deaths from cancer. Cancer of the breast was the most common site among females with over one half of the deaths occurring in the age group 35 - 59.

Vascular lesions affecting the Central Nervous System was the third leading cause of deaths accounting for 292 deaths or 10.9 per cent of all deaths unchanged from 1964. Most of these deaths occurred to people over 60 years of age.

Accidents, poisonings and violent deaths continue to take a heavy toll each year accounting for 170 or 6.3 per cent of all deaths in 1965. Motor vehicle accidents was the greatest single cause of accidental death, accounting for about 31 per cent of the total accidental deaths. Over twice as many males as females died as the result of motor vehicle accidents. 63 per cent of these deaths occurred between the ages 15 and 44. Accidental falls took 27 lives with 78 per cent occurring to people over 65 years of age. Suicides accounted for 39 deaths with almost three times as many males as females committing suicide. Most of these deaths occurred between the ages 40 - 69.

* * * *

Our appreciation and thanks are extended to all those who co-operated with us during the year in permitting us the use of the registrations of births and deaths or copies of them, and for the use of the tabulating machines.

LIVE BIRTHS & INFANT DEATHS 1945 - 1965

YEAR	NUMBER OF BIRTHS	RATE PER 1,000 POPULATION	INFANT DEATHS	RATE PER 1,000 LIVE BIRTHS
1945	4,210	18.2	134	31.8
1946	5,223	22.6	184	35.2
1947	5,532	23.6	193	34.7
1948	4,779	20.4	153	32.0
1949	4,968	21.2	137	27.6
1950	5,045	21.1	133	26.4
1951	5,254	21.9	115	21.9
1952	5,417	22.5	131	24.2
1953	5,586	23.0	166	29.7
1954	5,920	24.3	145	24.4
1955	6,016	24.2	147	24.4
1956	5,908	23.3	144	24.4
1957	6,067	23.8	180	29.7
1958	5,892	23.1	155	26.3
1959	6,023	23.4	154	25.6
1960	6,281	24.5	158	25.1
1961	6,105	23.8	137	22.4
1962	5,938	23.2	135	22.7
1963	5,859	22.8	123	21.0
1964	5,543	21.7	128	23.1
1965	5,222	20.5	103	19.7

BIRTHS

ORDER OF BIRTH BY AGE OF MOTHER 1965
(Percentage of Total compared with 1964)

	10-14	15-19	20-24	25-29	30-34	35-39	40 +	TOTAL	1965 % of TOTAL	1964 % of TOTAL
1st	8	651	848	290	84	30	7	1,918	36.7	36.4
2nd	-	150	625	373	173	50	11	1,382	26.5	26.7
3rd	-	19	246	311	188	83	20	867	16.6	16.4
4th	-	2	88	164	108	65	17	444	8.5	8.9
5th	-	-	26	72	92	45	11	246	4.7	5.0
6th & over	-	-	15	84	108	101	46	354	6.8	6.4
Unknown	1	2	2	2	2	2	-	11	0.2	0.2
Total	9	824	1,850	1,296	755	376	112	5,222	100.0	100.0
Percent	0.2	15.8	35.4	24.8	14.5	7.2	2.1			

Table Showing Number of Births, Deaths, Infant Deaths And
Maternal Mortality With Rates For Winnipeg For Years 1911-1965 * **

YEAR	BIRTHS	RATE PER 1,000 pop.	DEATHS	RATE PER 1,000 pop.	INFANT DEATHS	RATE PER 1,000 L.B.	MATERNAL MORTALITY	RATE PER 1,000 L.B.
1911-15	5,369	29	2,022	11.1	813	152	35	6.5
1916-20	5,695	30	2,177	11.5	570	104	35	6.9
1921-25	5,371	27	1,677	8.5	415	77	25	4.7
1926-30	4,527	22	1,777	8.7	277	61	26	5.7
1931-35	3,944	18	1,512	6.9	170	43	20	5.1
1936-40	3,785	17	1,697	7.7	138	36	17	4.5
1941-45	4,037	18	1,985	8.7	159	39	10	2.3
1946-50	5,200	22	2,035	8.7	164	31	4	0.8
1951-55	5,639	23.2	2,220	9.2	140	24.8	4	0.7
1956-60	6,034	23.7	2,595	10.2	158	26.2	2	0.4
1959	6,023	23.4	2,738	10.6	154	25.6	2	0.3
1960	6,281	24.5	2,680	10.4	158	25.1	2	0.3
1961	6,105	23.8	2,566	10.0	137	22.4	3	0.5
1962	5,938	23.2	2,564	10.0	135	22.7	2	0.3
1963	5,859	22.8	2,745	10.7	123	21.0	2	0.3
1964	5,543	21.7	2,606	10.2	128	23.1	0	-
1965	5,222	20.5	2,681	10.5	103	19.7	0	-

Table Showing Number of Deaths and Rate Per 100,000 Population
From Certain Diseases for Winnipeg For The Years 1911 - 1965 * **

YEAR	T.B.	RATE PER 100,000 pop.	4 Acute Comm. Diseases #	RATE PER 100,000 pop.	DISEASES OF HEART	RATE PER 100,000 pop.	CANCER ALL FORMS	RATE PER 100,000 pop.
1911-15	131	72	142	78	117	64	87	48
1916-20	136	72	135	72	138	73	135	72
1921-25	94	48	65	33	174	88	178	90
1926-30	86	42	37	18	233	115	209	103
1931-35	65	29	15	7	308	141	268	123
1936-40	52	24	11	5	450	205	283	129
1941-45	51	22	8	4	613	270	324	143
1946-50	34	14	4	2	676	291	333	143
1951-55	20	8	1	0.4	804	334	412	169
1956-60	17	6.5	1	0.5	952	374	466	183
1959	15	6	-	-	1010	392	482	187
1960	18	7	1	0.3	1005	391	494	192
1961	10	4	1	0.3	917	357	465	181
1962	8	3	2	0.8	934	365	499	195
1963	12	5	-	-	913	356	512	200
1964	11	4	-	-	913	357	511	200
1965	6	2	-	-	933	366	560	219

* 1911-1930 include non-residents. 1931-1965 include residents only.

** 1911-1960 show average figures for the periods.

Measles, Scarlet Fever, Diphtheria, Whooping Cough.

CHIEF CAUSES OF DEATH 1965 RESIDENTS ONLY
All Ages

No.	CAUSE OF DEATH	<u>1965</u>		<u>1964</u>	
		Number of Deaths	% of Total Deaths	Number of Deaths	% of Total Deaths
1	Diseases of the Heart	933	34.8	913	35.0
2	Malignant Neoplasms	560	20.9	511	19.6
3	Vascular lesions affecting Central Nervous System	292	10.9	282	10.8
4	Accidents, Poisoning and Violent Deaths	170	6.3	189	7.2
5	Pneumonia	140	5.2	118	4.5
6	Malformations and Diseases of Early Infancy	93	3.5	107	4.1
7	Diseases of Arteries	68	2.5	73	2.8
8	Diabetes Mellitus	44	1.6	31	1.2
9	Cirrhosis of Liver	37	1.4	25	1.0
10	Bronchitis	26	1.0	31	1.2
11	Ulcer of Stomach and Duodenum	24	0.9	20	0.8
12	Intestinal Obstruction and Hernia	24	0.9	20	0.8
13	Nephritis and Nephrosis	7	0.3	12	0.5
14	Hypertension without mention of Heart	7	0.3	5	0.2
15	Tuberculosis	6	0.2	11	0.4
	All other causes	250	9.3	258	9.9
	TOTAL	2,681	100.0	2,606	100.0

Causes of Death

The following pages give particulars of the number of deaths of Winnipeg residents for the year 1965 classified according to cause, age and sex. The causes of death are coded according to the Seventh Revision of the International List of Diseases and Causes of Death.

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1965

Cause of Death		Deaths in age group		Deaths at all ages	
		Number	Percent	Number	Percent
No.	0 - 1 year.				
1	Congenital Malformations	25	24.3	32	78.1
2	Immaturity	21	20.4	21	100.0
3	Birth Injuries	12	11.6	12	100.0
4	Postnatal Asphyxia & Atelectasis	11	10.7	11	100.0
5	Accidental Causes	8	7.8	170	4.7
6	Infections of the newborn	4	3.9	4	100.0
7	Haemorrhage disease of the newborn	2	1.9	2	100.0
8	Haemolytic Disease of the newborn	1	1.0	1	100.0
	All other causes	19	18.4	2428	0.8
	Total	103	100.0	2681	3.9
	1 - 4 years				
1#	Malignant Neoplasms	4	44.5	560	0.7
2*	Accidental Causes	3	33.3	170	1.8
3	Diseases of the skin & Musculoskeletal system	1	11.1	8	12.5
4	Non Meningococcal meningitis	1	11.1	5	20.0
	All other causes	-	-	1938	-
	Total	9	100.0	2681	0.3
* #	Fire - 1 Motor Vehicle - 1 Leukaemia & Aleukaemia - 2				
	5 - 14 years				
1#	Malignant Neoplasms	6	42.9	560	1.1
2*	Accidental causes	4	28.7	170	2.4
3	Bronchopneumonia	1	7.1	104	1.0
4	Allergic Disorders	1	7.1	19	5.3
5	Congenital malformations of the circulatory system	1	7.1	15	6.7
6	Psychoneurosis and disorders of personality	1	7.1	4	25.0
	All other causes	-	-	1809	-
	Total	14	100.0	2681	0.5
* #	Motor Vehicle - 2 Drowning - 2 Leukaemia & Aleukaemia - 3				
	15 - 24 years				
1*	Accidental causes	19	65.5	170	11.2
2	Malignant Neoplasms	5	17.2	560	0.9
3	Allergic Disorders	2	6.8	19	10.5
4	Vascular Lesions affecting the Central Nervous System	1	3.5	292	0.3
5	Other Diseases of the Nervous System & Sense organs	1	3.5	22	4.5
6	Ulcer of duodenum	1	3.5	13	7.7
	All other causes	-	-	1605	-
	Total	29	100.0	2681	1.1
* #	Motor Vehicle - 9 Suicide - 3				

CHIEF CAUSES OF DEATH OF WINNIPEG RESIDENTS
IN CERTAIN AGE GROUPS 1965

Cause of Death		Deaths in age group		Deaths at all ages	
No.		Number	Percent	Number	Percent
<u>25 - 44 years</u>					
1	Malignant Neoplasms	29	22.5	560	5.2
2	Diseases of the heart	25	19.4	933	2.7
3	Motor vehicle accidents	12	9.3	38	31.6
4	Suicides	10	7.8	39	25.6
5	Cirrhosis of the liver	7	5.4	37	18.9
6	Vascular lesions affecting Central Nervous System	4	3.1	292	1.4
7	Homicide	4	3.1	8	50.0
8	Accidental Poisoning	3	2.3	9	33.3
	All other causes	35	27.1	765	4.6
	Total	129	100.0	2681	4.8
<u>45 - 64 years</u>					
1	Diseases of the heart	205	35.6	933	22.0
2	Malignant Neoplasms	166	28.8	560	29.6
3	Vascular lesions affecting Central Nervous System	45	7.8	292	15.4
4	Suicide	16	2.8	39	41.0
5	Cirrhosis of the liver	15	2.6	37	40.5
6	Pneumonia all forms	11	1.9	140	7.9
7	Motor vehicle accidents	7	1.2	38	18.4
8	Diabetes mellitus	7	1.2	44	15.9
	All other causes	104	18.1	598	17.4
	Total	576	100.0	2681	21.5
<u>65 - 84 years</u>					
1	Diseases of the heart	577	39.5	933	61.8
2	Malignant Neoplasms	303	20.7	560	54.1
3	Vascular lesions affecting Central Nervous System	185	12.7	292	63.4
4	Pneumonia all forms	89	6.1	140	63.6
5	Arteriosclerosis	19	1.3	43	44.2
6	Diabetes mellitus	31	2.1	44	70.5
7	Bronchitis	15	1.0	23	65.2
8	Accidental falls	10	0.7	27	37.0
	All other causes	232	15.9	619	37.5
	Total	1461	100.0	2681	54.5
<u>85 years and over</u>					
1	Diseases of the heart	125	34.7	933	13.4
2	Vascular lesions affecting Central Nervous System	57	15.8	292	19.5
3	Pneumonia all forms	35	9.7	140	25.0
4	Malignant Neoplasms	47	13.1	560	8.4
5	Arteriosclerosis	19	5.3	43	44.2
6	Accidental falls	11	3.1	27	40.7
7	Hypertention without mention of heart	4	1.1	7	57.1
8	Diabetes mellitus	4	1.1	44	9.1
	All other causes	58	16.1	635	9.1
	Total	360	100.0	2681	13.4

Int'l List No.	Cause of Death Intermediate List (7th Rev.)	Age														Total	Unknown					
		0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.			60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.
	All Causes	T 2681	76	27	9	8	6	11	18	18	26	55	80	124	163	209	287	349	386	223	137	-
		M 1571	44	18	2	6	5	4	13	10	16	24	54	66	110	136	173	212	273	205	111	58
		F 1110	32	9	7	2	1	7	5	8	10	21	26	58	53	73	114	137	166	181	112	79
A1	I. Infective & parasitic diseases	T 17	-	-	-	-	-	-	-	-	-	-	1	-	-	4	2	2	1	4	3	-
		M 8	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	2	2	-
		F 9	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	1	2	1	-
		M 3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-
		F 3	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-
		M 3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-
		F 1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
		M -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F 2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-
		M 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A5	Tuberculosis, all other forms	M 1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
A10	All other Syphilis	F 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	
A20	Septicaemia and Pyaemia	M 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
A34	Infectious Hepatitis	F 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A43	All other Infective & Parasitic diseases	M -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
		F 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	II. Neoplasms	T 568	-	-	4	2	4	1	4	5	8	14	22	46	43	59	69	88	87	63	31	16
		M 313	-	-	1	2	3	-	2	3	2	6	12	16	24	36	34	55	58	27	21	9
		F 255	-	-	3	-	1	1	2	2	6	8	10	30	19	23	35	33	29	36	10	7

Int'l Cause of Death List (Intermediate List) No. (7th Rev.)	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs +	Unknown
A44 - A59 All Malignant neoplasms	M 310	-	-	1	2	3	-	2	3	2	1	7	11	16	24	36	33	55	57	27	21	9	-
A44 Buccal Cavity and Pharynx	F 250	-	-	3	-	1	1	2	2	-	6	8	10	29	19	21	35	33	28	35	10	7	-
A45 Oesophagus	M 7	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	1	1	1	-
A46 Stomach	F 9	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	4	2	-	-	-	-
A46 Stomach	F 4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	-
A47 Intestine except rectum	M 41	-	-	-	-	-	-	-	-	-	-	1	2	1	6	3	6	7	7	3	5	-	-
A47 Intestine except rectum	F 25	-	-	-	-	-	-	-	-	-	1	1	1	1	2	1	5	1	2	6	4	1	-
A48 Rectum	M 27	-	-	-	-	-	-	-	-	-	2	1	1	2	1	3	-	4	7	5	2	1	-
A48 Rectum	F 26	-	-	-	-	-	-	-	-	-	-	1	1	2	1	1	-	5	5	4	1	1	-
A49 Larynx	M 15	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	2	2	2	2	-	1	-
A49 Larynx	F 9	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2	-	1	1	-	-	-
A50 Trachea, Bronchus and lung not specified as secondary	M 6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-
A50 Trachea, Bronchus and lung not specified as secondary	F 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
A51 Breast	M 78	-	-	-	-	-	-	-	-	-	-	1	3	5	6	14	16	12	11	4	5	1	-
A51 Breast	F 12	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	1	1	2	3	-	-	-
A52 Cervix Uteri	M 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
A52 Cervix Uteri	F 46	-	-	-	-	-	-	-	-	-	2	3	4	11	4	-	7	7	3	4	-	1	-
A53 Other and unspecified parts of the Uterus	F 14	-	-	-	-	-	-	-	1	-	1	1	1	2	3	3	4	1	1	3	1	-	-
A54 Prostate	M 35	-	-	-	-	-	-	-	-	-	-	-	1	-	1	3	1	9	9	5	4	2	-
A55 Skin	M 1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
A55 Skin	F 2	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
A56 Bone and Connective Tissue	M 1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
A56 Bone and Connective Tissue	F 3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	7	4	10	10	3	1	2	-
A57 All other and unspecified sites	M 55	-	-	-	1	1	-	1	-	1	-	-	4	3	4	9	12	10	9	10	3	2	-
A57 All other and unspecified sites	F 75	-	-	-	-	1	-	-	-	-	-	1	3	7	4	9	14	14	4	10	1	2	-
A. Other Digestive organs	M 19	-	-	-	-	-	-	-	-	-	-	-	1	1	2	5	1	2	4	1	1	1	-
A. Other Digestive organs	F 28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	7	7	6	1	2	-
B. Urinary Organs	M 17	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	5	2	1	2	1	-
B. Urinary Organs	F 11	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	4	2	2	1	-	-	-

Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)		Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	Unknown
	C. Brain and other parts of nervous system 193	M	6	-	-	-	1	1	-	-	-	1	-	-	1	1	-	1	-	-	-	-	-	-	-
	D. Other	F	10	-	-	1	-	1	-	-	-	-	-	-	3	2	-	2	-	-	-	1	-	-	-
		M	13	-	-	1	-	-	-	-	-	-	1	-	-	4	2	5	2	5	3	3	-	-	-
		F	26	-	-	1	-	-	-	-	-	-	-	1	-	-	2	-	-	5	2	-	1	-	-
A58	Leukaemia and Aleukaemia	M	13	-	-	1	1	2	-	-	1	1	-	1	-	-	2	-	-	-	3	-	1	-	-
		F	8	-	-	1	-	-	-	-	2	-	-	2	-	-	-	-	-	-	1	-	2	-	-
A59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	M	21	-	-	-	-	-	1	1	-	-	-	1	-	1	2	4	1	1	1	3	-	-	-
	A. Hodgkin's disease (201)	F	12	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	3	1	-	3	-	-	-
		M	3	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
		F	4	-	-	-	-	-	-	-	-	-	-	-	-	1	2	4	-	1	-	2	-	-	-
	B. Other	M	18	-	-	-	-	-	-	-	1	-	-	1	-	3	2	1	1	1	1	1	-	-	-
		F	8	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	2	-	-	3	-	-	-
A60	Benign neoplasms and neoplasms of unspecified nature	M	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	1	-	-	-	-
		F	5	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-
	III & IV. Allergic Disorders and endocrine metabolic and Blood diseases	T	64	1	-	-	-	1	1	1	-	1	-	1	-	2	3	8	6	9	16	8	4	2	-
		M	26	1	-	-	-	1	-	1	-	1	-	1	-	-	1	3	1	2	10	3	1	-	-
		F	38	-	-	-	-	-	1	-	-	-	-	-	-	2	2	5	5	7	6	5	3	2	-
A63	Diabetes Mellitus	M	16	-	-	-	-	-	-	-	-	1	-	1	-	-	1	1	-	2	8	2	-	-	-
		F	28	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	3	7	5	4	3	1	-
A65	Anemias	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
A66	Allergic disorders, all other endocrine, metabolic and blood diseases	M	10	1	-	-	-	1	-	1	-	-	-	-	-	-	-	2	1	-	2	1	1	-	-
		F	9	-	-	-	-	-	1	-	-	-	-	-	-	1	-	3	2	-	1	1	-	-	-
	V. Mental, psychoneurotic and personality disorders	T	6	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	1	2	-	-	-	-	-
		M	6	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	1	2	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)	Total	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	Unknown
A67	Psychoses	M 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
A68	Psychoneuroses and disorders of personality	F 4	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	1	-	-	-	-	-
A70	VI. Diseases, of the nervous system and sense organs	T 329	-	1	1	-	-	1	1	1	2	2	4	4	11	14	25	27	48	65	61	37	24	-
A71	Vascular lesions affecting central nervous system	M 153	-	1	-	-	-	1	-	-	1	-	-	2	3	12	9	12	28	29	29	19	7	-
A71	Non-meningococcal Meningitis	F 176	-	-	-	-	-	-	1	1	1	2	4	2	8	2	16	15	20	36	32	18	17	-
A72	Multiple Sclerosis	M 137	-	-	-	-	-	-	1	-	-	-	-	2	2	11	8	12	23	26	29	17	7	-
A73	Epilepsy	F 155	-	-	-	-	-	-	1	1	-	-	2	1	7	2	12	13	16	34	32	18	15	-
A78	All other diseases of the nervous system and sense organs	M 2	-	1	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-
A78		F 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A73		M 6	-	-	-	-	-	-	-	-	-	1	2	1	1	-	-	1	-	-	-	-	-	-
A78		F 4	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-
A78		F 10	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-
A78		F 12	-	-	-	-	-	-	-	-	-	1	-	-	-	-	2	1	4	2	-	-	2	-
A80	VII. Diseases of the Circulatory System	T 1048	-	1	-	-	-	-	-	3	6	4	12	26	41	73	80	137	140	201	167	91	66	-
A80	Chronic Rheumatic Heart Disease	M 552	-	1	-	-	-	-	-	1	4	4	10	22	35	56	63	91	84	124	89	41	27	-
A80		F 396	-	-	-	-	-	-	-	2	2	-	2	4	6	17	17	46	56	77	78	50	39	-
A80		M 7	-	-	-	-	-	-	-	-	1	-	-	-	-	2	1	1	-	1	-	-	-	-
A80		F 17	-	-	-	-	-	-	-	1	-	-	1	-	1	2	1	3	2	4	1	1	-	-
A81	Arteriosclerotic and degenerative heart disease	M 568	-	-	-	-	-	-	-	1	3	4	9	22	33	53	54	82	74	108	71	33	21	-
A82	Other Diseases of heart	F 295	-	-	-	-	-	-	-	1	1	-	1	3	5	12	14	35	44	63	55	33	28	-
A82		M 13	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-	2	3	2	3	-	-	-
A82		F 10	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	2	4	2	-
A83	Hypertension with heart disease	M 11	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	2	4	2	-	-	-
A83		F 12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	2	-	-	-

Int'l Cause of Death
List (Intermediate List)
No. (7th Rev.)

A99 Ulcer of Stomach
A100 Ulcer of Duodenum
A102 Appendicitis
A103 Intestinal obstruction
and hernia
A104 Gastro - enteritis and colitis
except diarrhoea of new-born
A105 Cirrhosis of Liver
A106 Cholelithiasis and
Cholecystitis
A107 Other diseases of digestive
system
X. Diseases of the Genito
Urinary System
A108 Acute Nephritis
A109 Chronic, other and
Unspecified nephritis
A110 Infections of kidney
A111 Calculi of Urinary System
A112 Hyperplasia of Prostate
A114 Other diseases of
Genito Urinary System

	0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	Unknown
Total	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
M	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
M	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
F	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
M	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
F	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
M	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
F	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
M	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
F	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
M	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
F	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
M	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
F	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
T	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34
M	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
F	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
M	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
M	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
F	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
F	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
M	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
F	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

Int'l Cause of Death
List
No. (Intermediate List)
(7th Rev.)

XI. Deliveries and complications of pregnancy, childbirth and the puerperium

XII & XIII. Diseases of the skin and musculoskeletal system

A121 Infections of skin & subcutaneous tissue

A122 Arthritis and spondylitis

A126 All other diseases of skin and musculoskeletal system

XIV. Congenital Malformations

A127 Spina bifida and meningocele

A128 Congenital malformations of circulatory system

A129 All other congenital malformations

XV. Certain Diseases of Early Infancy

A130 Birth Injuries

A131 Postnatal asphyxia and atelectasis

* 1 sex undetermined included in Females

Total

0 - 27 days

28 d. - 1 yr.

1 - 4 yrs.

5 - 9 yrs.

10 - 14 yrs.

15 - 19 yrs.

20 - 24 yrs.

25 - 29 yrs.

30 - 34 yrs.

35 - 39 yrs.

40 - 44 yrs.

45 - 49 yrs.

50 - 54 yrs.

55 - 59 yrs.

60 - 64 yrs.

65 - 69 yrs.

70 - 74 yrs.

75 - 79 yrs.

80 - 84 yrs.

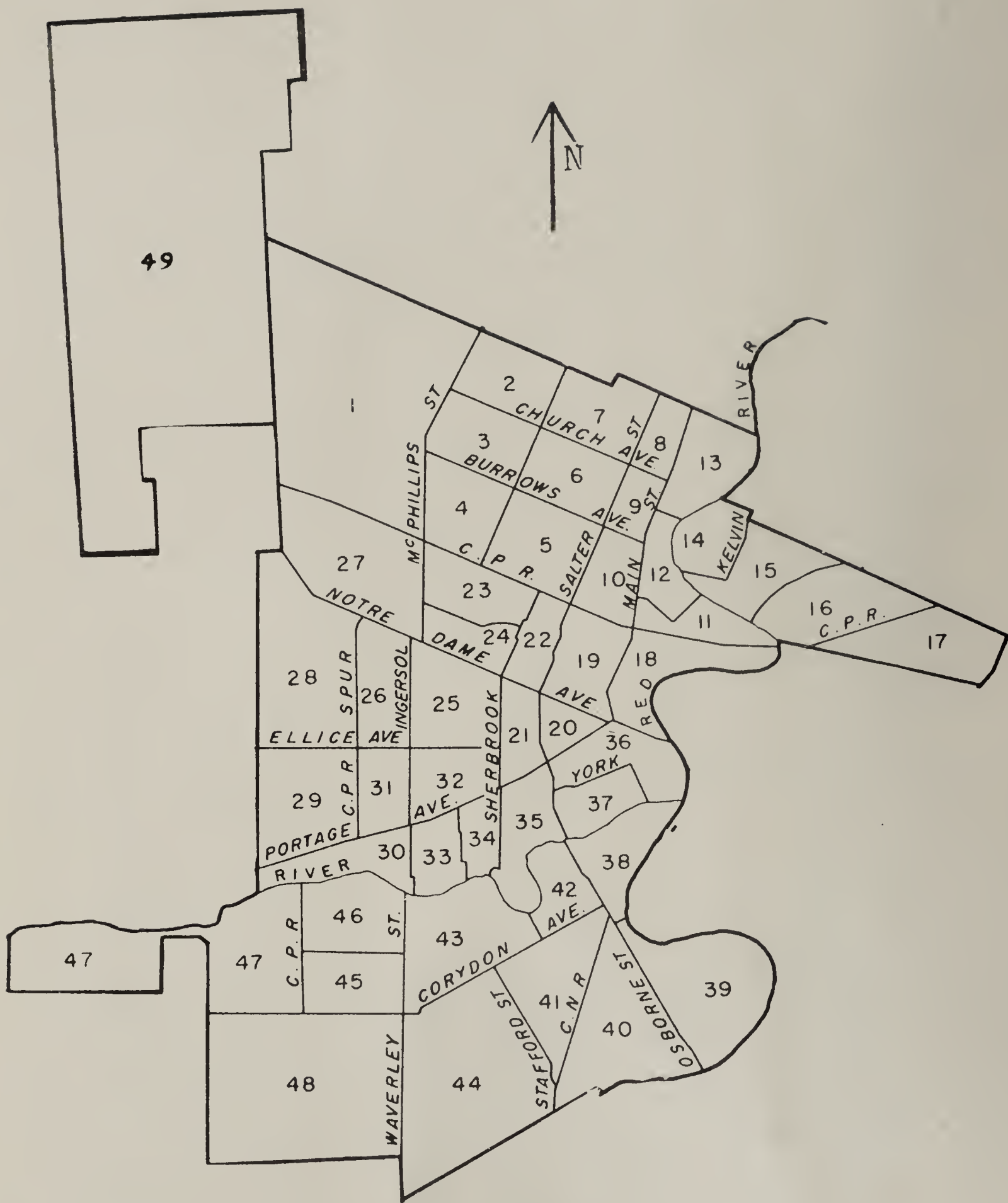
85 - 89 yrs.

90 yrs. +

Unknown

Int'l List No.	Cause of Death (Intermediate List) (7th Rev.)		0 - 27 days	28 d. - 1 yr.	1 - 4 yrs.	5 - 9 yrs.	10 - 14 yrs.	15 - 19 yrs.	20 - 24 yrs.	25 - 29 yrs.	30 - 34 yrs.	35 - 39 yrs.	40 - 44 yrs.	45 - 49 yrs.	50 - 54 yrs.	55 - 59 yrs.	60 - 64 yrs.	65 - 69 yrs.	70 - 74 yrs.	75 - 79 yrs.	80 - 84 yrs.	85 - 89 yrs.	90 yrs. +	Unknown
A140	Accidental Poisoning	M	4	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A141	Accidental Falls	F	5	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	-	1	-	1	-
A142	Accident Caused by machinery	M	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	17	-	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-	-	2	8	2	-
A143	Accident caused by fire and explosion of combustible material	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A144	Accident caused by hot substance corrosive liquid, steam and radiation	F	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A146	Accidental drowning and submersion	M	6	-	-	2	-	-	1	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-
A147	All other accidental causes	F	16	6	-	-	-	-	-	1	-	-	1	1	2	1	-	-	1	-	-	1	-	-
		M	7	1	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-
	All accidental causes	M	74	6	1	3	-	3	7	4	7	3	6	4	2	5	2	6	4	3	4	3	1	-
		F	49	2	2	1	-	3	1	2	1	-	2	4	4	6	1	1	-	-	5	9	2	-
A148	Suicide	M	29	-	-	-	-	-	2	1	1	-	4	3	3	2	5	4	1	2	-	-	1	-
A149	Homicide and injury purposely inflicted by other persons (not in war)	F	10	-	-	-	-	1	-	-	2	-	2	-	2	-	1	2	-	-	-	-	-	-
		M	4	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
		F	4	-	-	-	-	1	1	-	1	-	1	2	-	-	-	-	-	-	-	-	-	-
Total																								

Code No.	Cause of Death	Total	Male	Female	Age							
					0-6 Days		7-13 Days		14-20 Days		21-27 Days	
					M	F	M	F	M	F	M	F
289.2	Other metabolic diseases	1	1	-	-	-	1	-	-	-	-	-
340.3	Meningitis, except meningococcal and tuberculosis	1	1	-	-	-	-	-	-	-	1	-
430.0	Acute and subacute endocarditis	1	1	-	-	-	-	-	-	-	1	-
492	Primary atypical pneumonia	1	1	-	-	-	-	-	-	-	1	-
493	Pneumonia, other and unspecified	1	1	-	-	-	-	-	-	-	1	-
526	Bronchiectasis	1	-	1	-	-	-	-	-	-	-	1
560.2	Hernia of abdominal cavity - Umbilical	1	1	-	-	-	-	-	-	-	1	-
570.0	Intestinal obstruction without mention of hernia	1	1	-	-	-	-	-	-	-	1	-
600.0	Infections of kidney	1	1	-	-	-	1	-	-	-	-	-
750	Monstrosity	1	-	1*	-	1	-	-	-	-	-	-
751	Spina bifida and meningocele	1	-	1	-	-	-	-	-	-	-	1
753.1	Other congenital malformations of nervous system	1	-	1	-	-	-	-	-	-	-	1
754	Congenital malformations of circulatory system	12	9	3	7	2	1	-	-	-	1	1
756	Congenital malformations of digestive system	1	-	1	-	-	-	-	-	-	-	1
759	All other Congenital malformations	9	4	5	1	5	1	-	-	-	1	-
760-761	Birth Injuries	12	9	3	8	3	-	-	-	-	1	-
762	Postnatal asphyxia and atelectasis	11	6	5	4	4	-	-	-	-	2	1
763	Pneumonia of newborn	3	1	2	1	1	-	1	-	-	-	-
768	Other sepsis of newborn	1	1	-	-	-	-	-	-	-	-	-
770	Haemolytic disease of newborn	1	-	1	-	1	-	-	-	-	-	-
771	Haemorrhagic disease of newborn	2	1	1	1	1	-	-	-	-	-	1
773	Ill-defined diseases peculiar to early infancy	10	6	4	6	3	-	-	-	-	-	-
774	Immaturity with mention of subsidiary condition	2	-	2	-	2	-	-	-	-	-	-
776	Immaturity unqualified	19	11	8	11	8	-	-	-	-	-	-
917	Accident caused by hot substance, corrosive liquid and steam	1	-	1	-	-	-	-	-	-	-	1
921	Inhalation and ingestion of food	3	3	-	-	-	-	-	-	-	3	-
924	Accidental mechanical suffocation in bed or cradle	1	1	-	-	-	-	-	-	-	1	-
925	Accidental mechanical suffocation in other and unspecified circumstances	3	2	1	-	-	-	-	-	-	2	1
*	1 sex undetermined included in Females	103	62	41	39	31	4	-	1	-	18	9



City of Winnipeg - Statistical Districts

DEATHS, BIRTHS, INFANT DEATHS, STILL BIRTHS AND MATERNAL DEATHS
BY STATISTICAL DISTRICTS WITH RATES AS SHOWN - WINNIPEG RESIDENTS 1965

21

DISTRICT POPULATION**		DEATHS		BIRTHS		INFANT DEATHS		STILLBIRTHS		MATERNAL DEATHS	
		No.	Rate*	No.	Rate*	No.	Rate	No.	Rate	No.	Rate
							100 LB		100 LB		1000 LB
1	6,972	32	4.6	170	24.4	2	1.2	3	1.8	-	-
2	4,291	20	4.7	53	12.4	2	3.8	-	-	-	-
3	7,399	53	7.2	116	15.7	3	2.6	3	2.6	-	-
4	3,495	37	10.6	70	20.0	2	2.9	-	-	-	-
5	8,904	75	8.4	206	23.1	3	1.5	3	1.5	-	-
6	9,200	83	9.0	172	18.7	6	3.5	6	3.5	-	-
7	6,466	54	8.4	104	16.1	3	2.9	1	1.0	-	-
8	3,262	33	10.1	51	15.6	3	5.9	-	-	-	-
9	4,218	50	11.9	119	28.2	3	2.5	1	0.8	-	-
10	5,796	52	9.0	84	14.5	2	2.4	-	-	-	-
11	1,688	21	12.4	31	18.4	-	-	1	3.2	-	-
12	3,857	58	15.0	72	18.7	-	-	1	1.4	-	-
13	5,364	56	10.4	96	17.9	-	-	1	1.0	-	-
14	3,216	25	7.8	59	18.3	-	-	-	-	-	-
15	4,788	53	11.1	99	20.7	3	3.0	-	-	-	-
16	6,088	51	8.4	131	21.5	4	3.1	3	2.3	-	-
17	4,714	21	4.5	112	23.8	3	2.7	-	-	-	-
18	1,554	46	29.6	16	10.3	1	6.3	1	6.3	-	-
19	5,927	118	19.9	112	18.9	-	-	4	3.6	-	-
20	3,925	85	21.7	63	16.1	1	1.6	-	-	-	-
21	7,490	93	12.4	195	26.0	7	3.6	2	1.0	-	-
22	4,576	53	11.6	124	27.1	3	2.4	2	1.6	-	-
23	2,145	18	8.4	54	25.2	2	3.7	-	-	-	-
24	4,215	37	8.8	86	20.4	2	2.3	4	4.7	-	-
25	13,147	124	9.4	321	24.4	9	2.8	7	2.2	-	-
26	4,496	40	8.9	55	12.2	-	-	1	1.8	-	-
27	8,495	71	8.4	164	19.3	2	1.2	1	0.6	-	-
28	3,154	31	9.8	31	9.8	-	-	1	3.2	-	-
29	4,117	35	8.5	59	14.3	-	-	-	-	-	-
30	4,242	46	10.8	90	21.2	2	2.2	1	1.1	-	-
31	3,651	39	10.7	56	15.3	1	1.8	2	3.6	-	-
32	8,308	78	9.4	186	22.4	4	2.2	4	2.2	-	-
33	5,981	56	9.4	152	25.4	4	2.6	2	1.3	-	-
34	4,613	45	9.8	122	26.4	1	0.8	-	-	-	-
35	8,664	119	13.7	173	20.0	4	2.3	1	0.6	-	-
36	1,576	41	26.0	22	14.0	-	-	-	-	-	-
37	4,447	62	13.9	61	13.7	2	3.3	2	3.3	-	-
38	5,669	65	11.5	175	30.9	4	2.3	-	-	-	-
39	5,863	58	9.9	89	15.2	1	1.1	2	2.2	-	-
40	7,651	72	9.4	145	19.0	4	2.8	1	0.7	-	-
41	8,189	85	10.4	175	21.4	4	2.3	-	-	-	-
42	4,459	60	13.5	113	25.3	2	1.8	1	0.9	-	-
43	7,595	75	9.9	137	18.0	1	0.7	1	0.7	-	-
44	7,786	54	6.9	100	12.8	1	1.0	-	-	-	-
45	3,819	43	11.3	53	13.9	-	-	1	1.9	-	-
46	3,967	48	12.1	43	10.8	2	4.7	-	-	-	-
47	4,505	37	8.2	53	11.8	-	-	1	1.9	-	-
48	11,485	60	5.2	241	21.0	-	-	5	2.1	-	-
49	450	3	6.7	11	24.4	-	-	-	-	-	-
Unknown	-	10	-	-	-	-	-	-	-	-	-
TOTAL		2,681	10.5	5,222	20.5	103	2.0	70	1.3	-	-

Rate per 1000 live births

19.7

13.4

** Population according to Dominion Bureau of Statistics - 1961 Census

* Rate per 1000 population

INFECTIOUS AND OTHER DISEASES

Infectious Diseases

Most of the serious ones are promptly reported to the Health Department as they usually necessitate immediate action to prevent their spread and investigation to trace their origin. The less serious ones are sometimes not reported and this results in a less complete picture of their incidence in the community; the extent of the morbidity that they may cause is not fully known therefore. Whereas the most important source is the practising physician, nurses, laboratories, news media, agencies interested in matters of health, or simply word of mouth, there are many others that contribute in providing the Health Department with useful information in that respect.

In the case of the disease known as infectious hepatitis (yellow jaundice) the Health Department provides a material called gamma globulin free of charge and this is used to provide protection for family contacts of the case. In this particular disease therefore notification is more complete.

Another index of prevailing disease is the weekly inventory carried out by public health nurses in City schools, covering groups of cases having similar symptoms. This work gives the Department a good idea as to infectious disease in the community at all times during the school year; such diseases are not ordinarily reportable by physicians.

Other Diseases

Health Departments are now being consulted more often by doctors and others in the community in diseases outside the traditional sphere of infectious illness. Thus we are often called to investigate and take measures in cases of industrial exposure to noxious substances, e.g. lead, mercury, etc. Industrial orientation and work by local health departments is a rewarding experience and has received insufficient attention so far. Hopefully there is a great deal of room for expanding preventive programs in that field.

Apart from industrial and occupational medicine there is a great need for epidemiological research today in non-infectious chronic diseases and physicians in the preventive medical field are becoming increasingly involved with studies of this nature in North America. We hope that we may be able in the future to become more engaged with such work in conjunction with the University and other groups of medical investigators.

Comments on Particular Diseases

Impetigo:

Caused by certain types of micro-organisms, this skin infection is producing a great deal of trouble in our schools. It affects most the lower socio-economic groups and children living in crowded homes. It contributes substantially to absenteeism and the school nurses spend a great deal of time to combat this illness. During the year there was one outbreak in a north-end school which was unusually severe. It called for special measures

to limit its spread and minimize absenteeism time; this included laboratory tests, the administration of special antibiotics by mouth to the affected children, and institution of local therapy in the school itself. This was made possible with the help of parental and school co-operation.

Ringworm:

This is another skin infection caused by micro-organisms called fungi. Children are the most frequent victims, usually of school age. On many occasions the infection can be traced to pet animals in the home, such as dogs and cats. Children are temporarily excluded from school to prevent further spread until there are signs of clearing following the application of treatment. Pet animals may be examined by veterinarians, often at the expense of this Department.

Again there was one unusual concentration of cases in one school in south Winnipeg. It would appear that this resulted from spread of the disease amongst the cats in that neighbourhood as many such animals were found to harbour such infection. In addition to the efforts of the public health nurses in the district directed towards eradication of the disease a health inspector was utilized for several days to help in searching for infected animals in the homes of affected children and their neighbours.

Infectious Hepatitis:

There was a drop in the total cases of infectious hepatitis from 133 in 1964 to 110, which is an improvement. Yet we have been concerned for a while about an excessive number of cases observed to originate in an area of a new housing development in west Winnipeg. The peak of this group of cases occurred in the Fall and considerable time was spent in an attempt to find a common source -- unfortunately with negative results. The virus which presumably causes this disease has not yet been cultivated in the laboratory and the diagnosis is essentially a clinical one. The housing development area was thoroughly inspected, the affected families were interviewed and samples of water were examined for fecal organisms -- all of these without any unusual observation or results. We are inclined to believe that changing level of immunity, the result of relocating from a poor sanitation area to this newer area might have been a contributory factor.

Poliomyelitis:

1965 went by without polio. There was one case in the neighbouring city of St. James occurring in a partially immunized child -- just to remind us of the still existent potential threat. Many Winnipeggers who read it in the Press have recalled, no doubt, the days gone by when Polio claimed many victims in this City.

Oral Sabin vaccine is now generally used by both practising physicians and public clinics to provide prophylaxis against the disease. This material is now being dispensed in small dosage containers suitable for use by small groups. We do not therefore anticipate the necessity of conducting mass immunization campaigns as was done here in 1962 and 1964 -- at which time vaccine was available in packages suitable only for administration to a great number of people.

I wish to bring up, as was done in last year's report, the point

of our increasing difficulty in persuading certain families of the necessity of keeping up with the immunization of their children -- in spite of absence of the disease in question. Whereas with many families this has now become an established routine, many others have become increasingly negligent in that respect.

Measles:

1965 became a year that saw an increasing acceptance of measles vaccine by both practising physicians and the public at large. The Schwartz further inactivated strain product is the one most commonly used. There is evidence that the vaccine constitutes a safe and reliable method of protection against the disease and its occasional undesirable side effects -- as rare as they might be. In some countries that are traditionally conservative in medical matters it has just started to gain universal acceptance. Local trends indicate that it may soon become a routine procedure in this City. Some authorities claim that long term safety of measles vaccine has not been proven yet and at the time this report is being written public opinion has been stirred again by news in the Press publicizing the occurrence of a serious complication from the vaccine in the United States. Although only time and further knowledge regarding these vaccine products will be needed the discovery of attenuated viral vaccines capable of providing protection for common diseases, such as measles, certainly represents a major break-through in preventive medicine. Measles vaccine is not yet available free of charge from Health Departments in Manitoba. Although it cannot be substantiated by exact figures -- as measles is not notifiable -- and although this may be coincidental, the impression of our Department is that there has been less measles in Winnipeg this year.

There were 81 deaths in Canada in 1962 (five in Manitoba) and 73 deaths in 1963 (six in Manitoba) and it will be quite rewarding to observe these disappear following adoption of a universal measles protective immunization program.

Diphtheria:

There were four cases and one carrier discovered during the year with no deaths. One of these was a medical student who was found to harbour the organism in his throat after dealing with laboratory cultures of diphtheria. He was isolated until negative and there were no undesirable consequences. Two other cases involved a family which had just moved into Winnipeg from the Interlake area and had not been immunized; one of the children went on to develop a complication called diphtheritic "neuritis" affecting his legs but they all eventually recovered without permanent damage.

On one other occasion our Department became involved with some children living in Elmwood who were direct contacts of a case of diphtheria from Riverton, Manitoba. This child had also received no immunization and unfortunately he eventually died. None of the Winnipeg contacts which were placed under close observation in their own home went on to develop anything but in spite of all our efforts the mother refused to have them immunized -- partly because of her religious beliefs and partly because of distrust to immunizing agents and doctors. This example illustrates better some of the difficulties encountered with immunization and medical programmes in general.

Dysentery:

There was no appreciable change in the number of reported cases of bacillary dysentery from last year and the total number of "unspecified" dysentery cases was 171. These latter represent incidents of diarrhoea in

children of above average severity without proof of aetiology as no organisms grew on culture. Presumably most of these are viral and largely unavoidable in poor overcrowded houses. The public health nurse tries to stress the value of personal hygiene in the home where these infections occur.

Typhoid:

During the year there was one person discovered to harbour typhoid organisms in her stools; she was not living in Winnipeg proper but was working in a Winnipeg shop. All the people working with her were examined with negative results.

Our Department was also involved in the investigation (within Winnipeg) of individuals and contacts of persons that had participated in a church dinner in Portage la Prairie which caused a small local epidemic of this disease. A typhoid carrier (a person harbouring typhoid bacilli in his intestine without being obviously ill) had participated in the preparation of the dinner and infection of many persons resulted. Two Winnipeg children were amongst those who developed symptoms of typhoid later and were treated at a Winnipeg Hospital with complete recovery. The Portage la Prairie episode was elucidated by the Provincial Health Department and was eventually traced to a "carrier" of the organisms, as stated above, who was treated with the newer drug ampicillin quite successfully and was cleared of the carrier status.

Scarlet Fever:

In 1963 and 1964 there has been quite a number of cases of scarlet fever reported with an unusual concentration of cases in the south and south-west parts of the City. As the causative organisms of scarlet fever had not been found in the cases examined and as the clinical course of the reported illnesses was unusually mild our impression was, at the time, that we were in fact dealing with a viral disease called "fifth disease" producing a rash simulating scarlet fever. After this virus went through the communities involved it resulted in the production of a relatively immune population of children and we stopped getting this illness in that area -- the total number of reported scarlet fever cases dropping to 25 for the whole city -- which is a more reasonable figure for a disease which is easily combatted today with available antibiotic drugs.

Diarrhoea of the New Born:

There were only 8 cases reported -- same figure as for the previous year.

Early in 1965 the survey of new-born nurseries in Winnipeg hospitals was completed by this Department and the results were highly satisfactory as was written in a preliminary way in last year's report. Hospital staffs and pediatricians in charge showed an excellent co-operation and I trust that our report has proven useful to the hospitals concerned in obtaining some improvements that they themselves wanted to implement for their nurseries.

Smallpox:

Early in December an emergency was faced in this City following the arrival of two passengers from East Pakistan, suspected of having this disease. Clinically it was impossible to say whether this was real smallpox or not and two physicians of foreign origin experienced in this matter could not commit themselves one way or the other. Until laboratory confirmation was

possible the Department had to take such measures as would be indicated in a case of smallpox to prevent spread of the disease. The cases were placed in isolation at the Municipal Hospitals while a total of 16 primary contacts were vaccinated and observed daily at home. A few hectic days went by but fortunately, a few days later the disease was disproven by the laboratory tests. It was a complication due to the virus of cowpox, which is being used for immunization against smallpox. The news did not reach the Press until the final diagnosis was confirmed and panic did not occur; we wish to thank the Mayor and Aldermen for their prompt and excellent co-operation in that emergency.

Summary and Conclusions

1965 was essentially a healthy year for the citizens of Winnipeg. No major outbreaks of any serious infectious illnesses were noted and the sum total of all notifiable diseases in that category is indeed a low figure (430); only 7 people died from this group of diseases, 5 of which were due to tuberculosis.

Venereal disease incidence has not been included in that list as this is under the jurisdiction of the Provincial Department of Health (V.D. Control).

This does not mean that there is no room for improvement. We do not like to see even a single case of diphtheria for example, as this should be entirely preventable. Yet the main public health problem of today lies, no doubt, outside the sphere of communicable disease in North America. Heart disease and cancer, traffic and other accidents, mental illness, alcoholism and social problems, are the main scourges of our population today and only prolonged and careful research into their causation may eventually provide a solution. These topics are therefore the ones where medical investigators -- including public health epidemiologists -- should concentrate their efforts. The same is true of industrial and occupational diseases, and one can easily imagine how great a task this is if he considers the thousands of new chemical compounds that are discovered and used every day in industry. As the answer to these various problems is not an easy one and as the etiology of these conditions is depending on a multitude of factors and not a single item, as in the case of a particular organism causing a certain disease, the avenues of solution may be long and tedious but admittedly also quite challenging and interesting to the medical and related professions.

TABLE OF REPORTABLE INFECTIOUS DISEASES

<u>CASES AND DEATHS REPORTED</u>	<u>1965</u>		<u>1964</u>	
	<u>CASES</u>	<u>DEATHS</u>	<u>CASES</u>	<u>DEATHS</u>
Diarrhoea of the New Born	8	-	8	-
Diphtheria	4	-	-	-
Diphtheria Carriers	1	-	6	-
Dysentery, Amboebic	-	-	-	-
Dysentery, Bacillary	26	-	25	-
Dysentery, Unspecified	171	-	160	-
Encephalitis, Infectious	-	-	-	-
Hepatitis, Infectious	110	2	133	1
Meningitis, (Meningococcal)	1	-	2	1
Meningitis, (Viral or Aseptic)	11	-	12	-
Poliomyelitis	-	-	-	-
Scarlet Fever	25	-	78	-
Smallpox	-	-	-	-
Tuberculosis, Pulmonary	60	5	56	10
Typhoid Fever & Paratyphoid Fever	2	-	2	-
Typhoid Fever Carriers	1	-	3	-
Undulant Fever	1	-	-	-
Whooping Cough	9	-	6	-
	430	7	491	12

MEDICAL CARE

Routine medical care is available to medically indigent people in the Outpatient departments of the teaching hospitals. To provide emergency medical care in the home when the need is apparent the Health Department employs a number of physicians on a fee for service basis, drugs being supplied where necessary. In 1965, 1,451 calls were made. On prescription from the medical staff of the Outpatient departments of the teaching hospitals the Health Department will provide dentures, eyeglasses and prosthetic appliances. In addition, the department supplies insulin, oral anti-diabetic drugs, vitamin B12, prophylactic penicillin or sulpha and gamma globulin to those people who meet the necessary requirements.

Vaccines for the prevention of poliomyelitis, pertussis and smallpox, and toxoid for diphtheria and tetanus prevention are distributed to physicians on request.

Pre-employment medical examinations are given to Civic and School Board employees. A summary of the medical care provided during 1965 is on page 29 of this report.

COMPLETED IMMUNIZATIONS AND VACCINATIONS

	<u>Under 1 year</u>	<u>1 year</u>	<u>2 - 5 years</u>	<u>6 - 16 years</u>	<u>Over 16 years</u>	<u>Total</u>
Completed Primary Immunizations for:						
DIPHTHERIA	171	333	467	96	14	1081
PERTUSSIS	154	331	335	18	2	840
TETANUS	171	358	429	60	16	1034
POLIOMYELITIS	152	309	408	65	20	954
Completed Reinforcing Immunizations for:						
DIPHTHERIA	5	45	761	8626	4	9441
TETANUS	5	41	733	8621	14	9414
POLIOMYELITIS	8	48	699	8681	18	9454
PRIMARY SMALLPOX VACCINATIONS	<u>399</u>	<u>178</u>	<u>297</u>	<u>54</u>	<u>26</u>	<u>954</u>
TOTAL IMMUNIZED	<u>1065</u>	<u>1643</u>	<u>4129</u>	<u>26221</u>	<u>114</u>	<u>33172</u>

MEDICAL RELIEF AND OTHER SERVICES

Patients visited by District Physicians	1,451
Patients receiving Dentures	369
Adult patients receiving eyeglasses	608
Schoolchildren receiving eyeglasses	936
Patients receiving prosthetic appliances	196
Persons receiving Insulin (monthly average)	96
Persons receiving Liver Extract (monthly average)	1
Persons receiving Prophylactic Penicillin (monthly average)	305

(Persons with a history of rheumatic fever receive a daily dose of penicillin as a preventive measure against recurrence of the disease. The Health Department supplies this where indicated.)

TUBERCULOSIS CONTROL

During 1965 there were only five deaths from tuberculosis of Winnipeg residents and in one of these, pneumonia was mentioned as the primary cause. This is the lowest figure ever recorded and we are certainly very happy to be able to report this. At the turn of the century in the large urban areas in North America, such as the City of New York tuberculosis was a leading cause of death and only sixty years later, we are in a position to speak about and hope for a total eradication of the disease. Before being over optimistic, however, it must be pointed out that tuberculosis has not been eradicated yet and much hard work and many more years are needed to achieve this goal. We feel that many people have died in this city during the year as a result of damage done years ago to the lung and, indirectly, to the heart, from tuberculosis, and the causes listed on the death certificate show only the pulmonary and cardiac condition without mention of tuberculosis, as this was inactive at the time of death. As more cases are being discovered and treated at an early stage today this hidden false impression is expected to diminish in years to come and two or three decades from now the tuberculosis death figure will be much closer to reality.

The following table illustrates the total deaths from tuberculosis and the rates per 100,000 population in several selected years since 1910 and is presented here for comparative purposes.

Deaths From Tuberculosis For Certain Years With Rates Per 100,000 Population Winnipeg Residents

<u>Year</u>	<u>Number</u>	<u>Rate per 100,000</u>
1910	164	123.6
1940	52	23.0
1950	21	8.3
1960	16	6.3
1961	10	3.8
1962	7	2.7
1963	12	4.7
1964	10	3.9
1965	5	2.0

All five deaths occurred after the age of sixty and two were in people over eighty years of age.

New Active Cases of Tuberculosis

There were sixty-four new cases of tuberculosis in 1965, which is three cases less than the previous year and the second lowest figure ever reported.

Many of these cases were found in patients presenting to a physician with certain complaints and an x-ray of the chest followed as part of the investigation. Diagnostic x-ray, especially of the chest, is a routine procedure and is used very frequently by the physicians, the medical profession being well aware of its great value. There are many more x-rays taken today than there were a few years ago.

Although it is likely that tuberculosis cases in the population still remain undetected (never reached by diagnostic services), present day figures are closer to the actual incidence of tuberculosis than in the past. It is anticipated that as health services expand in the future to cover more thoroughly the relatively inaccessible portions of our population e.g. older people living alone, the situation will improve further so that fewer cases will pass unnoticed and foci of potential infection in the community will be further curtailed.

This may bring us closer to the ultimate goal of complete eradication of the disease.

New Cases of Tuberculosis With Rates Per 100,000 Population for Winnipeg 1959-1965

<u>Year</u>	<u>New Cases</u>	<u>Rate per 100,000 population</u>	<u>Found on Surveys</u>
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.5	3
1962	65	25.3	4
1963	74	28.8	6
1964	67	26.2	4
1965	64	25.1	1

Tuberculosis New Active Cases and Reactivations by Age Groups 1965

<u>Age Group</u>	<u>New</u>	<u>Reactivations</u>
0 - 4	9	-
5 - 14	7	-
15 - 24	12	2
25 - 39	18	1
40 - 59	7	2
60 - 79	9	4
80 +	2	-
	<u>64</u>	<u>9</u>

The majority of the new cases belonged to the adult and older age groups, but some cases were discovered among the young and on two occasions, infants were the victims of the disease. At the time this report is being written, the infants are both reported to be doing well, and making excellent progress.

During the year 28 new inactive cases were added to our file for follow-up. These people do not have active disease at the present time and either represent newcomers into the City (14), or were discovered when the disease has already been limited to a stage of quiescence by natural ways (14).

In 1965 there were eight reactivations of tuberculosis in the city, two less than last year. Although this figure appears small, yet, considering the total number of people at risk, which is the total of all inactive cases known to us, it still points out that a patient who has had tuberculosis during his lifetime is in much greater danger of getting a recurrence of his illness than a citizen who has never had the disease. These patients are also running a greater risk of developing a much more serious illness upon recurrence of their tuberculosis, as they already suffered tissue damage, and because drug

resistance may render the condition less treatable. They may also serve as important new spreaders of tuberculosis in the community. In spite of all this our Department's greatest difficulty in the field of tuberculosis control lies in convincing some of these patients that an adequate and regular follow-up is necessary year after year even though they may be feeling well and all previous check-ups have been consistently negative. Our public health nurses on these occasions have to make repeated visits, and we may not have any better results with a visit from a health Inspector or Doctor or a letter by registered mail. All in all, we believe that we have more successes than failures, and the whole program presents to us a challenging situation.

How New Active Cases and Reactivations Were Discovered

	<u>New</u>	<u>Reactivations</u>
General Hospital	27	2
Private Physicians	8	1
Community Surveys	5	-
Chest Clinics	24	6
Vital Statistics	-	1
Total	<u>64</u>	<u>9</u>

Hospital, chest clinics and private doctors are the main arteries of discovery of new cases.

It has become increasingly apparent in the last few years, that large community surveys aimed at obtaining an x-ray of everyone in a certain area or neighborhood are relatively less fruitful in results and definitely more expensive than other methods. During such surveys it is difficult to bring out those very people that are most likely to have the disease e.g. elderly individuals living alone, and in spite of all efforts to this effect, those that eventually participate in this screening procedures are those that already have access to regular health services.

In the spring of 1965, a large door to door survey was carried out in Central Winnipeg jointly by the Sanatorium Board of Manitoba and the Health Department. The area was selected on the basis of previously noted higher incidence of tuberculosis and was bounded by the Red River to the east and the C.P.R. tracks to the north, Sherbrook Street to the west, Notre Dame and Pioneer Avenue to the south.

A tremendous amount of effort was invested in the campaign and although the number of cases discovered was small (one case and two more among contacts of this case) the experience was worthwhile; this was a local example supporting what has just been said on the value of such tuberculosis discovery methods. Details on this survey will appear in the Health Department's Annual Report (Nursing Branch) and in the report by the Sanatorium Board of Manitoba.

In the fall of 1965, a partial follow-up was carried out on a number of children and adults, who were tuberculin tested in some city schools during the survey and found to be highly reactive. Tracing and visiting those people took the time of several nurses for almost two weeks; fortunately no active cases of tuberculosis were found.

Classification of New and Reactivated Cases for 1965

		<u>New Cases</u>	<u>Reactivations</u>
PULMONARY	Primary	10	-
	Minimal	20	2
	Moderately Advanced	8	2
	Far Advanced	9	1
	Unclassified	-	-
Total		<u>47</u>	<u>5</u>

Note that not all of the pulmonary cases are "minimal" at the time of discovery.

		<u>New Cases</u>	<u>Reactivations</u>
EXTRA PULMONARY			
	Pleurisy	3	-
	Glandular	8	1
	Renal & Genital	3	1
	Bone	-	1
	Meningeal	-	-
	Miliary	3	-
	Peritonitis	-	-
	Other	-	1
Total		<u>17</u>	<u>4</u>
TOTAL		64	9

Pulmonary tuberculosis in recent years diminished to a greater extent than the extra pulmonary types, and the total number of these latter cases tends to approach that of the pulmonary disease, which at one time was largely predominating, being the main contagious form of tuberculosis disease.

Tuberculin Tests in Winnipeg

The total number of tests done during the 1965 surveys was 20,422 as compared with with 25,594 in 1964. No active cases were found.

	<u>Tests</u>	<u>Tests Read</u>	<u>Positive</u>	<u>Negative</u>
Schools	12,423	11,605	986	10,619
%		93.4	8.5	91.5
Colleges	1,705	not available	not available	1,561
%				91.5
Industrial	6,294	5,827	908	4,919
%		92.6	15.6	84.4
TOTAL	20,422	17,432	1,894	17,099
%		85.3	10.9	98.1

8.5% of tuberculin tests were positive in the schools among students examined. 15.6% were positive among industrial workers.

Positive reactors were subsequently submitted to an x-ray examination.

X-ray Surveys in Winnipeg

	<u>Number</u>	<u>New Active Cases</u>
Industrial	7,531	-
Schools and Colleges	1,117	-
National Employment Services	4,145	1
Central Tuberculosis Clinic, Survey Unit	2,644	3
Central Winnipeg Survey	<u>13,983</u>	<u>1</u>
	<u>29,420</u>	<u>5</u>

	<u>1964</u>	<u>1965</u>
Admissions to Sanatoria	74	53
Re-admissions to Sanatoria	1	7
Discharges from Sanatoria	74	55

Average number of cases under supervision by the City Health Department - 952

Note again that the total number of x-rays done by the Sanatorium Board has increased to 29,420 from 21,894 in 1964. There were two more discharges from Sanatoria than the number of admissions, indicating a further shortening of the period of hospitalization for this disease, all cases remaining in hospital for less than one year.

SUMMARY

During 1965, we had five deaths from tuberculosis in the City of Winnipeg, sixty-four new active cases and eight reactivations.

Our most important contribution in the tuberculosis control programme has been the investigation of the new cases and ensuring an adequate follow-up of approximately 1,000 patients listed in our active files as having had the disease sometime in the past.

Our greatest difficulty remains our inability to convince some of the above people that a regular follow-up is necessary; whatever methods of persuasion are to be used, we are not foreseeing any quick solution to this problem and long range public education appears to be the only hope. Poor socio-economic conditions influence adversely the prevalence of this illness and it is in that same population that follow-up difficulties also arise.

In the spring of 1965, a large survey of tuberculosis was done in Central Winnipeg and a total of three new cases of tuberculosis was the result. The whole of our nursing staff participated and it was a useful experience for us. A screening test for diabetes was combined with that operation as a research project carried out by the Department of Endocrinology of the Medical School. Our contribution to this campaign covered, of course, only the public health aspects of the operation.

Our department extends its thanks and appreciation to the Sanatorium Board of Manitoba, without the work and help of which not one aspect of our public health tuberculosis prevention programme would be possible. The clinical and public health measures can only be effective when operating in combination, and the co-operation between the departments concerned was excellent

in every respect. We also wish to thank all those who assisted us in our work, including our public health nurses and health inspector, Mr. G. McCulloch, who spared no efforts in helping us deal with our most difficult cases during the year.

CHILD DENTAL SERVICES

The City of Winnipeg Child Dental Services Programme actively engages in the following health measures:

- (1) Dental Health Education
- (2) Studies of the Local Dental Health Problems
- (3) Utilization of Public Health Measures
- (4) Dental Treatment

1. Dental Health Education:

In all fields of education as in dental health the most important step is to (a) create an interest, (b) motivate people to action, and (c) attempt to maintain improvements on a sustaining basis. Our programme places major emphasis on the primary school children up to the Grade III level, and their parents. This is accomplished through our annual classroom dental inspections, parent notifications, and talks by dentists with demonstrations in the classrooms.

Co-operation by the public health nurses, the personnel of the City of Winnipeg School Division No. 1, and the dental profession has indeed enhanced and produced a well balanced program.

Free Dental Health Education material and teaching aids are made available to all nurses, principals, teachers, parents, and pupils in order to create an interest with a resultant positive action towards improving the dental health of their community.

In addition, a supplementary dental health programme was instituted at the beginning of the 1965-66 school term. The material was generously supplied by one of the large commercial companies who are active in the dental field. A new series of posters, pamphlets, and teaching outlines were distributed to all classrooms. Every grade one child received a coloring book aimed at dental health education, and each grade three pupil a dental instruction kit (toothpaste and toothbrush). This programme was very well received and is expected to be continued during the 1966-67 school term.

Dental inspections are another positive approach in an education programme. Interest and action can be obtained through notifications sent to the parent on their child's dental health and a request for information on the family's arrangement for providing dental services.

Supplementary to the advisory services provided through the treatment clinics, the Director acted as a consultant to the Winnipeg General Hospital Welfare Dental Clinic, Mount Carmel Clinic, and the Winnipeg School Board.

The annual in-service training programme for staff members was held on the first school day in September. The agenda included conferences on policy, film reports, sessions on care and maintenance of dental equipment, organization, administration, and techniques. Dr. C.H. McCormick, Director of Dental Services Province of Manitoba delivered a very informative lecture on the dental services carried out by the provincial department of health.

2. Studies of the Local Dental Health Problems

Information collected through annual classroom inspections by the dental branch indicates a definite trend has developed toward an improvement in the oral health of the child population in Winnipeg.

Provision of comprehensive dental treatment for a select group (Social Welfare and Indigent children) by the dental branch seems to be effective in encouraging utilization of this service. Regular maintenance care through recall examinations and treatment planning spreads dental manpower hours over a larger group of children. Failure rates are kept to a minimum. The table below indicates that welfare recipients are seeking and co-operating in providing dental treatment for their children.

Welfare Children on Active Files

1959	345
1960	659
1961	852
1962	877
1963	1328
1964	1576
1965	1925

Dental supervision is available for pre-school children.

3. Utilization of Public Health Measures

A. Classroom Dental Inspection Analysis

Table I is a compilation of data collected during the school terms 1959-60 to 1964-65. Comparing the terms 1959-60 to 1964-65 favourable progress can be observed in the decreased percentage of children with caries, Kindergarten 77% to 57%; Grade I 84% to 63%; Grade II 88% to 66%. On analysis of the caries free columns for the 1964-65 term (Kindergarten 43%; Grade I 36%; Grade II 34%; Grade III 34%) about 37% of the children inspected were in a preferred state of being caries free, as compared to 17% in the school term 1959-60. This increase must of necessity be mostly attributable to the benefits of fluoridation which was instituted in Winnipeg in the year 1957. It is interesting to note the progress in the percentage of children in the caries immune and dentistry completed columns.

The approval rate of about 20% (Grades I, II, III) is significant in projecting the requirements if this service is to be extended into the higher grades.

B. D.M.F.T. (Decayed, Missing, Filled Teeth-Permanent) "Specials"

Table II is a compilation of data on a sample of children born and raised in the Metro area of Winnipeg. Information was collected

during regular school inspection visits, subjects selected on the basis of every tenth child according to the alphabetical listing of children in the school index card register. The age 7 group of children for the year 1965 show a reduction in the D.M.F.T. rate of 70%. The average D.M.F.T. decrease in all groups (7, 9, 11, and 13) from 1958 to 1965 is about 54%, a 9% increase from slightly over 43% in 1964. Fluoridation, education, and readily available dental care may be cited as the chief factors for this marked improvement.

Table III is a breakdown of data from 1958-65 compiled on the samples of the seven year old children born and raised in Metropolitan Winnipeg. During the past three years the average has been more than a 62% reduction in the incidence of affected teeth from the 1958 figure.

4. Dental Treatment

(A) Dental Clinics

Dental treatment is provided at the following school clinics;-

- (1) 136 Ellen Street - 2 chairs (Emergency Clinic)
- (2) William Whyte School - 2 chairs
- (3) King Edward School #2 - 2 chairs
- (4) John M. King School - 2 chairs

Dental clinics are located in strategic areas of the school system in order to conveniently provide for the bulk of eligible patients. Emergency treatment for all school children (no economic or age barrier) is provided at our Ellen Street Clinic at any time during the school hours.

Comprehensive dental treatment (some minor orthodontia) is arranged for children whose families are on City of Winnipeg Welfare and resident children in Grade III and under (including pre-school children) whose families require economic assistance. Application for this service is subject to the approval of the public health nurse at the school or in the area of residency. A new dental unit and chair were installed during the year in the John M. King Clinic with funds made available through a National Health Grant.

B. Treatment

In 1965, 6,462 children were treated during the course of 18,544 patient visits to the clinics. Patients completed and provided with maintenance dental care to the extent of facilities available totalled 4,482 or 69%. 14,355 individual teeth were attended and of these 3,383 teeth were removed and 10,972 teeth were restored to healthy functioning units. Three quarters of the patients accepted on an emergency treatment basis were 8 years of age and over and would account for a majority of tooth extractions. Preventive and conservative dental procedures are emphasized in the management of child patients.

C. Recall Systems

Further dental treatment coverage is extended to a large group of children from co-operative and interested families through a periodic recall system. Regular maintenance care has resulted in an increase in the number of children receiving benefits over a longer period of time. There were 6,271 patients recalled, and of these 3,195 or 50% were returned to optimum dental health on their first appointment.

Failed appointments are of major concern and precautions are taken to eliminate many of the causative factors. In 1965 out of 20,924 assigned appointments, 1,239 or 5.92% had failed (5.87% in 1964). Two hundred and five (205) of these failed appointments were new patients after having requested assistance and been approved by the public health nurse. The advantage of having clinics located in select schools permits replacement from within the school to fill the allotted time, thus reducing lost dental manpower hours to a minimum.

One thousand, one hundred and forty-one patients cancelled (5.45%) and arranged another suitable time. Courtesy of advising the clinics in advance of inability to keep an appointment suggests that the treatment service is appreciated by this clientele.

Table IV is a summary of the dental treatment groups by ages and Table V is an analysis of dental treatment services provided by the Health Department to school children for the year 1965.

Handicapped Children

Provision of dental treatment for mentally retarded children attending a special school in the City was continued throughout 1965. Arrangements were made again to transport the eligible students to one of the regular dental treatment centres. In the majority of cases a mentally retarded child can be treated using normal dental procedures and techniques. The chief problem is providing ways and means for families who have the burden of raising a handicapped child to obtain dental service for the child, followed by a programme to motivate the parents to take action in improving the child's dental health.

Adult Dental Services

The Winnipeg General Hospital Welfare Dental Clinic continued its operation throughout the year under the guidance of the Dental Branch. The need for this type of clinic may be seen in the waiting list of patients accumulated during the year. The clinic is located in the Out-Patients Department and is in operation only in the afternoon. The programme which is available for adult welfare and medico-dental indigents in Manitoba includes preventive, interceptive, and restorative dentistry to interested and co-operative patients. The clinic is financed by the Manitoba Hospital Commission. Resident patients of the City of Winnipeg are provided with appliances (dentures, partials, etc.) by the Health Department where indicated.

Staff

The Dental Branch includes a director, plus a professional establishment of six and one half full time dentists. Three dentists

(including the Director) were retained on full time staff, and fifteen (15) dentists were employed on a sessional fee part-time basis. The auxiliary staff includes nine dental assistants and one clerk. The number of patients now being seen by our clinics would definitely necessitate the hiring of a dental hygienist, thus releasing the dentist for work more suitable to his capabilities. The position has been created but as yet the funds are not readily available.

Table I

Class Room Dental Inspection information compiled by the City of Winnipeg Health Department on the general child population attending Kindergarten, Grade I, II, and III in the Winnipeg School Division No. 1. Permanent and Deciduous Dentition.

	School Term	Total Inspect.	Percentage of Children										Request Dentistry	Approved	Nil Int.
			Caries		Dentistry Completed	Caries	Extractions	Filled	Attend Dentist	Applied Dentistry					
			Imm. Free												
Kindergarten	1959-1960	3,322	14	23	9	77	15	27	59	37	13	10	12		
	1960-1961	3,026	18	34	16	66	13	28	47	36	12	11	11		
	1961-1962	2,816	26	39	13	61	10	28	47	34	14	12	12		
	1962-1963	3,539	31	45	14	55	8	24	38	30	14	11	12		
	1963-1964	3,492	30	44	14	56	9	26	45	31	14	12	17		
	1964-1965	3,581	28	43	15	57	11	28	48	33	14	12	18		
Grade I	1959-1960	4,381	6	16	10	84	28	40	72	57	25	21	8		
	1960-1961	4,686	9	25	16	75	27	40	64	55	21	20	8		
	1961-1962	4,601	12	31	19	69	23	43	64	52	23	20	9		
	1962-1963	4,555	16	37	21	63	23	40	63	51	21	19	9		
	1963-1964	4,609	18	38	20	62	21	33	60	47	21	19	16		
	1964-1965	4,668	18	36	18	63	22	39	63	49	22	20	14		
Grade II	1959-1960	4,054	3	12	9	88	43	49	-	70	-	-	-		
	1960-1961	3,916	6	25	19	75	39	53	-	70	-	-	-		
	1961-1962	3,819	7	28	21	72	37	55	-	72	-	-	-		
	1962-1963	3,958	10	37	27	63	36	55	-	70	-	-	-		
	1963-1964	3,714	11	36	25	64	33	54	76	58	22	20	13		
Grade III	1964-1965	3,955	11	34	23	66	33	54	74	67	24	17	17		
	1964-1965	3,635	8	34	26	66	39	62	80	74	22	19	17		

Definition of Terms: -

- Caries Immune - (natural or acquired) - No visible evidence of caries in the deciduous or permanent teeth, x-rays not used.
- Caries Free - Includes caries immune plus children whose dentistry has been completed by a dentist.
- Dentistry Completed - Children who attended a dentist and were in optimum dental health at time of dental inspection.
- Caries, premature extraction, filled - % of children with these conditions.
- Attend Dentist - As indicated by presence of extraction, or filling or reported by parent on questionnaire regardless of evidence. Does not include caries immune - some of these children may have regular dental examinations.
- Applied Dentistry - As indicated by the presence of a filling or premature extraction or both.
- Nil Interest - Questionnaires not returned by parent.

Table II

School Dental Examinations of Children born in Metropolitan Winnipeg showing age, number examined and the average number of decayed, missing, and filled teeth per child.

Year	Age 7		Age 9		Age 11		Age 13	
	Number Exam.	D.M.F.T. per child	Number Exam.	D.M.F.T. per child	Number Exam.	D.M.F.T. per child	Number Exam.	D.M.F.T. per child
1958	106	2.1	80	3.8	99	5.2	81	8.3
1960	81	1.5	109	3.1	110	4.5	110	7.9
1961	221	1.4	192	2.7	174	4.3	44	6.0
1962	278	1.0	236	2.6	233	3.9	71	5.5
1963	243	.8	229	2.4	217	3.4	87	5.8
1964	238	1.0	276	2.3	214	3.4	57	4.5
1965	190	.6	180	1.7	153	2.9	50	4.5

1958, 1960 single examiner, selected schools (high, medium & low income)
 1961 5 examiners, random sample
 1962 6 examiners, random sample
 1963 8 examiners, random sample
 1964 10 examiners, random sample
 1965 8 examiners, random sample

Table III

A sample of seven-year-old children born and raised in Metro Winnipeg showing premature lost, destroyed crowns, caries and restored permanent teeth.
 Average number of permanent teeth affected per child.

Year	Children Examined	Premature lost	Crowns Destroyed	Other caries	Restored	DMFT
1958	106	0.01	0.03	1.40	0.68	2.1
1960	81	0.00	0.00	0.86	0.65	1.5
1961	221	0.02	0.01	0.93	0.39	1.4
1962	278	0.00	0.02	0.67	0.34	1.0
1963	243	0.00	0.00	0.53	0.29	0.8
1964	238	0.00	0.00	0.63	0.33	1.0
1965	190	0.00	0.00	0.25	0.37	0.6

Table IV
Summary of Dental Treatment Groups
(Number of Children)
1965

	A G E								
	Preschool	5	6	7	8	9	10	Older	Total
A. Patients notified of Appointments	460	577	775	924	983	797	551	1,600	6,667
B. Failed Initial Appointment	16	24	30	41	29	20	11	34	205
C. Completed Patients	296	371	512	632	729	567	442	933	4,482
D. Patients Recalled 6-8 months	223	352	552	822	1043	910	684	1,648	6,234
E. Recalls - Completed 1st visit	121	211	265	386	512	495	401	804	3,195
F. Recalls Failed Appointments	13	21	25	40	59	35	25	81	299
G. Emergency Patients	38	73	106	141	133	157	135	640	1,423

Table IV - Definition of Terms

- A. Patients notified of appointments - the number of patients applying and accepted for dental treatment.
- B. Failed initial appointment - patients assigned to dental clinics for treatment following school inspections and approved by the school nurse.
- C. Patients completed - children from Section A receiving comprehensive dental treatment as provided by the clinics.
- D. Patients recalled (6-8 months) - following last appointment when completed, (1964-1965).
- E. Recalls completed on first appointment - includes children whose maintenance care is attended to during the recall examination appointment.
- F. Patients failed recall appointment - patients from D, who were contacted and failed to appear for scheduled appointment.
- G. Emergency Patients - arrive at clinics for relief of pain and infection, no definite appointment scheduled.

Table V

Analysis of Child Dental Services provided by
City of Winnipeg Health Department - 1965

X-rays (single films)	2,116
Exodontia - Deciduous Teeth	2,938
- Permanent Teeth	435
Anaesthetic (local)	9,287
Restorative - (Number Teeth Completed - Filled)	
- Deciduous	5,811
- Permanent	4,632
- Treatment Fillings	190
- Endodontics - Teeth completed	420
Crowns - Celluloid	22
- Stainless Steel	70
Space Maintainers	27
Prosthetic Appliances	12
Prophylaxis (Complete)	4,328
Topical Fluoride (Completed)	1,530
Fillings Polished	944
Parents Counselling	743
Other treatments	9,779
Refused (non co-operative)	50
Total Number assigned Dental Appointments	20,888
Cancelled Appointments	1,141
Failed Appointments	1,237
Referred to Private Dentists	25
Recalls (6-8 months)	6,263
School Inspection Clinics	128
Classroom Dental Inspection	
(Approx. no. of children)	20,604

PUBLIC HEALTH NURSING SERVICES

The Public Health Nursing program provides health services to all age groups from the newborn to the senior citizen. The program covers such areas as maternal and child health; pre-school, school and adult health; non-communicable and communicable diseases including both tuberculosis and acute communicable diseases. These varied services may be directed towards an individual, a family, a group of people or the entire community and may be carried out in the homes, at school, at child health centres, or in classes for expectant parents.

The public health nurses who carry out this program, function as health educators and counsellors; demonstrating, supervising, and interpreting health practices and giving reassurance and support to individuals and families. The following paragraphs describe some of the ways in which the community benefited from these public health nursing services in 1965.

School Health Services

The health of school-age children is a vital concern to all, both now and in the future. The physical and emotional ills which so often start in childhood must be discovered and placed under treatment as soon as possible so that the child will be capable of getting the greatest benefit from his education.

To this end, an extensive health service program for school children is maintained in Winnipeg schools by the Health Department. It is a co-operative activity involving parents, educators, private physicians and treatment agencies.

The actual work in the schools is accomplished by eleven part-time physicians, seven full-time dentists and forty-nine public health nurses. The shortage of nursing personnel, the very core of the service, has been, for some time, the Health Department's biggest problem. To help with this problem during the past year, one full-time clerk and thirty volunteers have been assisting with routine clerical matters.

In the past three decades, revolutionary changes in morbidity and mortality in childhood have necessitated changes in school health programs in order to meet the health needs of children. The major group of illnesses occurring in children today are conditions that are pre-natal in origin, a considerable contrast to a generation ago when infectious diseases of various kinds prevailed. Because of advances in medical science, children with congenital malformations are now surviving to a much greater extent than formerly and therefore, this group of conditions is increasing as a major problem in childhood.

To make the school program more effective and responsive to present day problems, attention is focussed on problems accompanying growth and development, adolescence and handicapping conditions of childhood. As many of these problems originate in infancy, more attention is now being given to pre-school entrance examinations.

In addition to encouraging parents to have these pre-school entrance examinations carried out privately, public health nurses arranged to have 148 pre-school entrance examinations done in child health centres in 1965. An additional 149 children of welfare families were given a comprehensive examination during July and August in a special clinic financed by a National Health Grant. The basis of this program is to present to the school a child already examined, already inoculated, and if a defect is found, already embarked on correction if it can be corrected. The details of the findings of this clinic will be found in another section of this report.

A child's ability to learn is closely related to the possession of normal vision. In Winnipeg schools, all pupils in elementary grades, as well as pupils in Grades 7 and 10 are given visual tests by teachers and public health nurses. In the past year, the vision of 46,364 pupils was tested. Eleven percent of these pupils were referred for further medical attention and approximately 65 percent required glasses or a change in their prescription.

For a number of years, the Winnipeg Health Department has carried out colour vision tests in the Technical Vocational School. The purpose of this test is to prevent boys from preparing for occupations for which a colour vision defect might render them unsuitable. In the past year, 169 boys were given an individual pseudo-isochromatic colour vision test by a public health nurse. Seven percent of these boys failed the test.

In 1965, the Health Department decided to change the routine testing of hearing in Grades 4 to Kindergarten and Grade 1. This change has both educational and health reasons. The educational reason is that this "sense" needs to be functioning at an optimum level if the pupil is to make full and comfortable use of his educational opportunities. The medical reason is that the most frequent hearing problems of childhood have their onset in the early years of life and are most susceptible to treatment at that time. Hearing problems tend to become worse and more difficult to correct as time goes on. They tend to linger on through childhood as permanent defects and are carried into adult life. Approximately 9,000 audiometric tests were given by a public health nurse during the year. Three hundred and sixteen were referred for further medical investigation.

The Winnipeg Health Department's Handicap Registry lists approximately 1,000 school children with various handicapping conditions such as heart disease, diabetes, convulsive disorders, neuromuscular and orthopaedic conditions and growth problems. Since these children suffer from disabilities which might affect their educational progress, they are kept under close medical surveillance by doctors and public health nurses. The majority of these children are able to participate in regular classroom activities. Some of the children are not able to take part in the physical training program and some require special classroom facilities in order to achieve a satisfactory scholastic standard.

Immunization statistics reflect the adequacy of pre-school child health supervision. Indications are that local school children have a fairly high degree of immunity as only 7 percent of children entering Winnipeg schools for the first time had no primary inoculations and 29 percent of these new admissions came from outside of Winnipeg.

In the past year, approximately 8,300 pupils in Grades 1, 4, and 8 were given a reinforcing dose of triad (diphtheria, tetanus and poliomyelitis) vaccine. In spite of the high level of immunity amongst Winnipeg school children, diphtheria is still present. In 1965, 4 cases were reported of which 1 was a school child.

Forty-five school children had infectious hepatitis last year. Fortunately these cases were mild and no known serious complications resulted.

The incidence of minor skin infections such as ringworm and impetigo has been fairly high. The infected pupils have received the close observation and attention of the public health nurses. Several children from a low-income area were treated with Erythrocin when it was discovered their impetigo lesions were not responding to treatment with neomycin ointment.

Since tuberculosis infection found in school children is an index of the prevalence of this disease in the community, arrangements are made each year by the Health Department to have high school students tuberculin tested. Last year, 11,646 tests were given to this age group; of these, 938 or 8 percent were positive. A follow-up x-ray of the positive cases did not reveal any active cases of tuberculosis.

In 1965, as part of a mass tuberculosis survey program of a section of Central Winnipeg, 2,688 children in 6 schools in this area were tuberculin tested. Two hundred and forty-nine had a positive reaction and were x-rayed. One case of minimal active tuberculosis was found and is being treated. Although the surveys do not reveal many active cases of tuberculosis, nevertheless, they are a means of picking up children who have been exposed to active tuberculosis within a recent period and therefore are an extremely important means of finding tuberculosis infection in the community.

Apart from the school tuberculin surveys, 9 cases of active tuberculosis occurred in school age children in 1965, and 9 cases of tuberculosis in pre-school children. Seven of the 9 school children are in the early elementary grades which indicates that there is a need for tuberculin testing in the pre-school years.

One of the chief purposes of the school health program is to screen out children with health problems that might impede educational progress and to follow up these health impairments until they are corrected. Success in this particular endeavour and in the entire school program depends mainly on the public health nurse who as a health teacher, counselor, interpreter and co-ordinator, spends more than 51 percent of her time in this area of service. The nurse in the school not only deals with the individual pupil who is referred to her because of a problem, but she also counsels and supports each member of the school staff in the management of health problems within the school. She communicates these findings to parents and other health agency personnel in the community. More than 119,000 such conferences were held during the past year.

Home Visiting Service

In the past year, public health nurses spent approximately 18 percent of their time visiting the homes of 16,738 Winnipeg citizens.

In the home visiting program, one nurse is responsible for meeting the health and welfare needs of all members of the family. A variety of services might be given in one home, such as guiding a young mother in the care of her newborn child, or assessing the progress of a member of the family who has recently been discharged from a mental institution to determine whether this person was having any side effects from his medication and whether the daily routine was meeting his rehabilitation needs. Some health problems are simple and easily solved, while others are complex and time consuming.

During the past ten years there has been a shift in patient caseloads which has affected public health nursing responsibilities considerably. This shift includes a significant increase in public health nursing in such areas as the care of patients with non-communicable diseases, in care of the aged and mentally ill at home, in accident prevention, in the home care of patients with tuberculosis, and in group teaching of patients and their families. Furthermore, the increasing knowledge of human behaviour, interpersonal relations, and broadening concepts of mental health, have enlarged the nurses' supportive role in working with family groups and improved the quality of service.

Maternal Hygiene Service

Public health nurses made 1,267 home visits to teach pre-natal hygiene in 1965. This is a slight decrease over the number of similar visits made in 1964. However, statistics indicate that there were approximately 300 fewer births during the year.

The number of expectant mothers registered at pre-natal day classes and at evening parents' classes was 458, an increase of 109 mothers over 1964. Since the majority of expectant mothers attending these classes are primiparas, it would appear that more than 25 percent of mothers of first children attend the Winnipeg classes.

In the past year a request for special classes for unmarried expectant mothers had to be declined due to limitations in public health nursing staff. Although these unmarried expectant mothers are welcome to attend our regular classes, we hope an increase in our nursing personnel next year will enable us to arrange special classes for unmarried mothers.

Over the years, statistics indicate that the lower income families are a segment of our population who include high-risk pre-natal patients. Because it is these mothers who receive inadequate pre-natal care, our public health nurses made a special effort in their home visiting to encourage them to obtain regular medical supervision and attend pre-natal classes. Printed material explaining the importance of early regular medical supervision is also given to these mothers.

In order to keep up to date in this field of medicine and to share information, the Manitoba Medical Obstetrical Committee planned a joint two-day meeting in April 1965, for obstetricians and public health nurses. A doctor and public health nurse from the Health Department participated in this program which included speakers from both Canada and the United States.

Child Health Conference Service

During the past year the Holy Trinity Child Health Conference was discontinued. This action became necessary because of the decline in the residential population in the area with the result that the attendance at this Centre was consistently low. In September, Chalmers Community Child Health Conference was transferred to more suitable accommodation in Grey Street United Church.

At present, the Health Department operates 9 Child Health Conferences. These Conferences offer well-child supervision to mothers of children who, because of finances or geographic reasons, are not able to attend a private doctor. Doctors, public health nurses and a nutritionist offer guidance and advice to mothers. Children are examined and immunized against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox.

In the past year, 2,317 infants and 2,834 pre-school children were enrolled at these Centres. During the year, 11,752 inoculations were given and 522 tests to detect phenylketonuria were done. All tests were negative.

In order to give a better picture of the development of each child, doctors and public health nurses have been appraising the Child Health Conference record. It is hoped that a new record can be drafted by next year which will give a better picture of the health status and growth and development of each child.

Child Caring Institutions

Four day nurseries, 16 nursery schools, 11 child caring institutions and approximately 293 children's boarding homes received regular public health nursing visits and were recommended for licenses by the Nursing Division in 1965.

Throughout the year, several interviews were held with citizens to interpret the regulations in the Welfare By-law governing day nurseries and nursery schools. The lack of training facilities in Manitoba to prepare personnel for nursery school work, continues to be the greatest difficulty the Nursing Division faces in maintaining desirable standards in these institutions. Now that the public schools are offering pre-kindergarten classes for children in the lower income areas, it is hoped that the Department of Education will soon consider establishing courses for prospective teachers of nursery schools.

Nutrition Service

The nutrition service was established by the Health Department to develop educational programs which would improve the health and nutritional status of Winnipeg citizens.

Nutrition education is an important aspect of the work of all branches of the Health Department, particularly public health nursing. A City Nutritionist is employed to act as a consultant on Nutrition to Health Department personnel and the general public.

In 1965, 383 consultation visits regarding diets and problems of home management were made by the City Nutritionist. These visits covered a variety of problems including:

- 1) Referrals from private doctors and hospital out-patient departments of patients requiring assistance with therapeutic diets.
- 2) Investigation and assistance to ex-tuberculosis patients requesting supplementary food allowances.
- 3) Visits to diabetics receiving insulin or anti-diabetic drugs from the City to assess and assist them with the management of their diets.
- 4) Referrals from public health nurses and public welfare workers of people needing assistance in home management, budgeting and meal planning.
- 5) Investigation of disabled citizens referred for the "Meals on Wheels" service.
- 6) Visiting persons with a positive blood sugar test following a mass survey to detect diabetes in order to make arrangements for them to receive further tests at the Winnipeg General Hospital.

In addition, the Nutritionist held 44 consultations with public health nurses and public welfare workers regarding families whom they were helping with food and budget problems.

During the year the diets of 289 pre-natals were assessed and advice given where improvement in the diet was indicated.

An investigation of the food allowance for infants on public welfare was made by the Nutritionist at the request of the Medical Health Officer.

A survey of the food intake of pupils in Grade 3 in four different economic areas of the City was carried out by the Nutritionist at the request of the Director of Dental Services. The findings of this survey are still being assessed.

Each of the 9 Child Health Conferences were visited on a regular basis once a month by the Nutritionist and discussions held with mothers on problems of infant feeding, general nutrition of the family, poor appetites, food fads, and the purchasing of food.

During the year the Nutritionist participated in the orientation program of new nursing personnel. She assisted in the revision of the nutrition section of the nursing manual, and conducted regular meetings one afternoon a month in each of the four district nursing offices. The purpose of these meetings was to assist in integrating nutrition education into the nursing program and to keep nurses up to date on nutrition information.

Student Program and Special Projects

As part of their educational preparation, the Nursing Division in 1965, provided experience through observation for second year nursing students from the Children's, St. Boniface General, Victoria General and Winnipeg General Hospitals. Supervised field practice was also arranged for 16 students in public health nursing from the University of Manitoba. Eight fourth year medical students spent an afternoon visiting with public health nurses.

In the Spring, the Nursing Division assisted Dr. P. Barsky with his project on "Well Child Conferences in Manitoba". They also continued assisting Dr. D. Grewar with his follow-up survey on "Low Birthweight Children"

For the past two years, all members of the Nursing Division have participated in an appraisal of the nursing program, procedures and records. This study has resulted in a complete revision of the nursing manual, the setting up of priorities in home visiting and in certain schools, and the development of a new daily work report.

Once again, may I express my personal appreciation to every member of the Nursing Division staff who by their efforts and devotion to the best interest of public health, have helped to maintain the high standards of nursing service.

REPORT OF HEALTH INSPECTION OF SCHOOL CHILDREN

	<u>DISTRICTS</u>				
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	<u>Total</u>
<u>Pupils examined in Health Service Room</u>					
<u>On Exclusion</u>					
Pediculosis	13	69	113	127	322
Skin Conditions (e.g. Impetigo)	815	1,631	1,820	2,145	6,411
Suspect Communicable Diseases	430	266	217	875	1,788
Miscellaneous	2,938	2,071	2,341	4,494	11,844
Total	<u>4,196</u>	<u>4,037</u>	<u>4,491</u>	<u>7,641</u>	<u>20,365</u>
Treatments given	5,784	7,310	5,628	11,629	30,351
TOTAL	<u>9,980</u>	<u>11,347</u>	<u>10,119</u>	<u>19,270</u>	<u>50,716</u>

Classroom Inspections

Acute Communicable	13	24	21	97	155
General	<u>117</u>	<u>211</u>	<u>256</u>	<u>373</u>	<u>957</u>
Total	<u>130</u>	<u>235</u>	<u>277</u>	<u>470</u>	<u>1,112</u>
Conference re pupil (with pupil, parent, teacher, etc.)	30,537	25,454	22,713	40,511	119,215
Health Education (Group Discussions)	103	160	264	518	1,045
Accidents in Schools	360	475	292	290	1,417

SCHOOL AUDIOMETRIC TESTS

Total Number of Children Tested	9,046
Children receiving first test	7,421
Children receiving re-test.....	<u>1,625</u>
Total	<u>9,046</u>
Children referred for further medical examination.....	316
Teachers tested.....	86
Other school personnel tested.....	-

CHILDREN EXAMINED FOR FRESH AIR CAMPS

Camp Morton	290	Y.W.C.A.	153
Salvation Army	234	Lakeside Camp	113
Y.M.C.A.	199	Camp Funland	<u>104</u>
United Church	615		
Camp Playmore	200	TOTAL NUMBER OF CHILDREN	<u>2,142</u>
Camp Tikvah	125	EXAMINED	
Logan Day Camp	109		

SCHOOL MEDICAL EXAMINATIONS

<u>Medical Statistics</u>	<u>Districts</u>				<u>Total</u>
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	
Doctors visits to schools	142	111	133	183	569
Number of Children examined by Doctor	1167	863	1014	1448	4492
Number of parents invited to medical exam.	821	500	794	1217	3332
Number of parents present at medical exam.	512	287	382	571	1752
Diphtheria and Tetanus Booster Inoculations	2131	2099	1421	2666	8317
Poliomyelitis Booster Inoculations	2150	2100	1422	2679	8351
Number of defects reported by school doctors	464	525	484	496	1969

CLASSIFICATION OF DEFECTS REPORTED BY SCHOOL PHYSICIANS

<u>Systemic Classification</u>	Etiological Classification										TOTAL
	Congenital	Traumatic	Infections or Inflammatory	Allergic or Rheumatic	Neoplastic	Nutritional Metabolic Endocrine	Psychogenic	Idiopathic or Unknown			
Eye	86	9	24	1	-	-	2	34	156		
Ear, Nose & Throat	14	9	202	8	-	25	3	19	280		
Dental	13	1	201	-	-	39	-	217	471		
Digestive	2	1	22	-	-	9	36	7	77		
Respiratory	-	-	28	10	-	-	-	-	38		
Cardiac	33	-	13	2	-	-	2	87	137		
Neurological	8	2	2	-	-	1	25	16	54		
Musculo-Skeletal	56	53	14	2	-	10	5	20	160		
Genito-Urinary	22	1	7	1	-	12	26	27	96		
Skin	13	20	108	49	1	28	4	16	239		
Miscellaneous	12	1	21	1	1	84	85	56	261		
TOTAL	259	97	642	74	2	208	188	499	1969		

Child Health Centre Statistics			South	Districts		West	East	North	Total
Number of Child Health Centres			1	3	**	2		3	9
Number of Child Health Centre Sessions held			52	153		134		111	450
* <u>Enrollment at Child Health Centres</u>									
Infants	new		253	558		314		419	1544
	old		212	164		174		223	773
	Total		465	722		488		642	2317
Pre-school	new		252	416		295		546	1509
	old		296	357		343		329	1325
	Total		548	773		638		875	2834
School	new		68	146		104		188	506
	old		25	61		65		71	222
	Total		93	207		169		259	728
Adult	new		7	10		162		32	211
	old		2	2		147		18	169
	Total		9	12		309		50	380
* <u>Re-visits</u>									
	Infants		458	1531		478		627	3094
	Pre-school		440	1017		546		659	2662
	School		30	72		87		111	300
	Adult		5	7		169		16	197
	Total		933	2627		1280		1413	6253
* <u>TOTAL ATTENDANCE</u>			2048	4341		2884		3239	12512
<u>Discharges</u>									
Infants	new		2	24		1		2	29
	old		51	170		19		30	270
Pre-school	new		6	31		1		55	93
	old		222	739		169		548	1678
School	new		6	39		4		21	70
	old		78	56		7		209	350
Adult	new		-	7		-		7	14
	old		5	5		-		8	18
	Total		370	1071		201		880	2522
TOTAL DISCHARGES									
<u>Transfers</u>									
	In		18	109		54		33	214
	Out		23	68		25		36	152
	Total		41	177		79		69	366
TOTAL TRANSFERS									
<u>Doctors Examinations & Consultations</u>									
	Infants		331	660		528		534	2053
	Pre-school		379	694		278		417	1768
	School		6	31		10		36	83
	Total		716	1385		816		987	3904
TOTAL MEDICAL EXAMINATIONS & CONSULTATIONS									
Number of Immunizations			1923	3907		2579		3343	11752
Number of Individuals Immunized			1367	2793		1864		2354	8378
(* Enrollment - new- attending for first time									
- old- attending for first time in 1965									
* TOTAL ATTENDANCE									
(* Re-visits includes new & old enrollment for 1965									
** Trinity CHC closed end of Aug./1965.									

ATTENDANCE AT CHILD HEALTH CENTRES

<u>Name of Centre</u>	<u>Total Immunizations</u>	<u>Total Consultations & Exams.</u>	<u>Total Sessions</u>
St. Lukes	1,923	620	52
St. Matthews	1,818	471	52
St. Judes	1,279	364	49
Sparling	810	550	52
St. Andrews	1,418	370	51
Holy Trinity (Closed End of August)	375	149	33
Chalmers (Grey St. Oct.1/65)	786	298	50
Mount Carmel	351	12	10
Robertson House	1,402	646	49
McGregor	<u>1,590</u>	<u>339</u>	<u>52</u>
TOTAL	<u>11,752</u>	<u>3,819</u>	<u>450</u>

CHILD HEALTH CENTRE FINDINGS & REFERRALS

<u>Child Health Centre Findings</u>	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	<u>Total</u>
Physical	501	531	392	340	1,764
Neuro-Motor	183	40	129	33	385
Language	227	51	112	41	431
Socializing	190	23	155	20	388
Feeding & Nutrition	402	259	522	204	1,387
Elimination	237	78	181	44	540
Sleeping	237	71	183	53	544
Family (Unsatisfactory Family Relations)	174	19	55	28	276
P.K.U. Tests					
Neg.	119	241	67	95	522
Pos.	-	-	-	-	-
Referrals to: C.H.C. Doctors	110	340	344	200	994
Hospital Clinics	28	67	62	102	259
Private Doctors	29	29	21	45	124
Community Agency	7	3	2	5	17
Home Visits	32	66	10	2	110

PERSONAL SERVICES TO PATIENTS BY PUBLIC HEALTH NURSES
(During Home Visits and Telephone Consultations)

<u>TYPE OF VISITS</u>	<u>DISTRICTS</u>				<u>Total</u>
	<u>South</u>	<u>West</u>	<u>East</u>	<u>North</u>	
<u>Health Promotion, Mobility & Unclass.</u>					
Newborn	1,129	1,207	1,029	1,164	4,529
Under 1 Year	1,517	1,327	1,434	1,998	6,276
Pre-school	3,165	3,005	3,629	5,954	15,753
School	3,034	2,579	3,521	6,200	15,334
Adult	3,349	3,255	4,138	5,854	16,596
Pre-natal	203	275	286	503	1,267
Post-natal	1,177	1,305	1,085	1,256	4,823
Tuberculosis	528	374	402	823	2,127
Acute Communicable	156	335	322	670	1,483
Non-Communicable	401	482	601	1,436	2,920
Mental Health	292	105	301	406	1,104
Special Activity	403	520	964	944	2,831
Not Found	1,474	1,503	1,541	1,626	6,144
Inspection for licensing of Welfare Institutions	<u>36</u>	<u>29</u>	<u>20</u>	<u>27</u>	<u>112</u>
TOTAL	<u><u>16,864</u></u>	<u><u>16,301</u></u>	<u><u>19,273</u></u>	<u><u>28,861</u></u>	<u><u>81,299</u></u>
*Total number of homes visited	3,407	3,918	3,617	5,796	16,738
Attendance at Pre-natal classes	1,224	764	399	443	2,830
New registrants to Pre-natal classes	167	100	60	65	392
Attendance at Evening Pre-natal Classes	358	-	-	-	358
Registrants at Evening Pre-natal Classes	64	-	-	-	64
Number of people viewing films	1,634	849	392	550	3,425

NUTRITIONIST'S REPORT

Consultations with patient re diet or home management	383
Consultations with P.H.N. or Agencies re diets	44
Pre-natal diet assessments	289
Meetings with nurses or others.....	65

* Beginning Sept. 1/65 these home visits not counted due to new report.

CHILDREN'S HOSPITAL - EYE CLINIC REPORT

Clinics held 215

Children Examined

New	433	
Re-examined	<u>1,005</u>	
Total.....		<u><u>1,438</u></u>

Refractions

Refractions completed

Not needing glasses.....	172	
No change in prescription.....	353	
Glasses discontinued.....	7	
Glasses prescribed	<u>706</u>	
Total.....		1,238

Refractions Not Completed

Refractions not needed.....	38	
Returned for observation	<u>162</u>	
Total		<u><u>200</u></u>
		<u><u>1,438</u></u>

Number of Children with 1/3 or less normal vision with glasses.....	6
Number of Out-patient consultations (Winnipeg residents).....	453
Number of Children referred to Orthoptic Clinic.....	75

VICTORIAN ORDER OF NURSES

New Cases 2,370

	<u>Nursing</u> <u>Care Visits</u>	<u>Health</u> <u>Instr. Visits</u>	<u>Total</u>
Pre-natal	34	78	112
Post-natal	24	315	339
Newborn	273	786	1,059
Infant	700	303	1,003
Pre-school	1,108	174	1,282
School	581	50	631
Adult	<u>57,742</u>	<u>-</u>	<u>57,742</u>
Total	<u><u>60,462</u></u>	<u><u>1,706</u></u>	<u><u>62,168</u></u>

Patients not seen	553
On behalf of patients	<u>26</u>
Total	<u><u>579</u></u>
Night Calls included in above	896

CONSULTANT, CHILD CARE SERVICES

During 1965 further development of a program to ensure an adequate pre-school medical examination for all Winnipeg children was made possible by support from a National Health Grant. For the second successive year a top-ranking Third-Year Medical student, Miss Annette Finkel, received a preliminary intensive training course at the Children's Hospital and then proceeded to examine 149 pre-school children from Welfare families on a regular appointment basis during June, July and August. Appointments were made by Public Health Nurses often after repeated home visits and telephone calls. A specially designed examination form was used which included information on emotional, social and physical development, and stressed the assessment of ability to see, hear and speak normally. Urine and blood examinations were also performed on each child by the examiner. Examinations were conducted in one of the medical examining rooms at City Hall under conditions comparable to those in private physicians' offices. Not more than eight appointments were made for a half-day session. A summary of the main findings is shown in Table I.

Regular meetings were held of the school physicians to review problems arising in the operation of the School Health Program. Subjects which formed the basis of some of the meetings were obesity, the visually handicapped school child, the causes of school failure, and the optimum content of a school medical examination. The Grade 7 and 10 Questionnaire results for 1964-65 were reviewed and discussed.

Monthly meetings of the School Health Committee were attended, in the offices of the Winnipeg School Board. These meetings constitute an important device for exchange of medical, nursing, dental, educational and public health information.

It is a pleasure to report the excellent co-operation of individual private physicians in respect to recommendations concerning their school-age patients. This has led to effective and prompt forwarding of important clinical information to the doctor about his patient. It has made possible the delegation of full responsibility to the private physician in making recommendations concerning the health and activity of school children under his care. The Children's Hospital Outpatient Department has been most cooperative not only in providing medical care for school children referred by the Public Health Nurse, but in supplying information for the school handicap registry.

The Consultant on Child Care Services attended the meeting of the Canadian Conference on Children in Montreal as a delegate of the Canadian Medical Association, and the annual meeting in Ottawa of the Medical Advisory Committee to the Minister of Health and Welfare. The November 1965 Issue of Pediatric Clinics of North America on School Health Problems was published under his Editorship and contained articles by five Winnipeg physicians on subjects relative to School Health as practiced in Winnipeg. A Spanish edition is being published in 1966.

Most Child Health Centres were visited during the year. It is necessary to point out the physical inadequacies and general unattractiveness of the space used for these centres. It is recommended as a matter of urgency and in the interest of the health of the less privileged children in Winnipeg, that clean, well lighted and heated and better equipped

facilities for Child Health Centres are needed. Only in this way can we hope to increase attendance of those infants and children who most require preventive health measures.

The cooperation of the Administration of the School Board and the Director of the Child Guidance Clinic is acknowledged with thanks.

TABLE I

Summary of Findings of Medical Examination of Pre-School Children

	<u>1965</u>	<u>1964</u>
Total appointments made	233	226
Re-appointments	<u>53</u>	<u>-</u>
Children for whom appointments made	180	226
Appointments kept	149 -83%	146 -64.6%
Children examined	149	146
Children with no defects	67 -45%	72 -49.3%
Children with defects	82 -55%	74 -50.6%
Total Number of defects found	110	116
<u>MAJOR DEFECTS</u> - 52		
No. of children -	43	
Good medical care -	35 - 81%	
Poor medical care -	8 - 19%	
1. <u>Vision</u>	12	
Refractive error	8	
Strabismus	4	
Prev. known	3	
2. <u>Enuresis</u>	15	
Prev. known	7	
3. <u>Respiratory</u>	2	
Prev. known	2	
4. <u>Cardiac</u>	3	
Prev. known	3	
5. <u>Hearing</u>	3	
Prev. known	1	
6. <u>Speech</u>	9	
Prev. known	7	
7. <u>Behavior</u>	4	
Prev. known	1	
8. <u>Albuminuria</u>	2	
9. <u>Anaemia</u> (8 gms)	1	
10. <u>Inguinal Hernia</u>	1	
Prev. known	1	
<u>MINOR DEFECTS</u> - 58		
No. of children -	39	
Good medical care -	23 - 59%	
Poor medical care -	16 - 41%	
1. <u>Dental Caries</u>	36	
2. <u>Adenoid obstruction</u>	3	
Prev. known	2	
3. <u>Minor Articulation</u>	8	
Prev. known	3	
4. <u>Skin</u>	8	
Prev. known	4	
5. <u>Orthopaedic</u>	2	
Prev. known	2	
6. <u>Ptosis</u> (mild)	1	
Prev. known	1	
<u>NO DEFECTS</u> - 67		
No. of children -	67	
Good medical care -	56 - 84%	
Poor medical care -	11 - 16%	
<u>TOTAL DEFECTS</u>		
Children with no defects	67	
Children with 1 defect	58	
Children with 2 defects	20	
Children with 3 defects	4	
	<u>149</u>	

IMMUNIZATION

Complete to date	78 - 52%
Incomplete	71 - 48%

INSPECTIONS BRANCH

Dairy	Principal Inspector	R. Bentham, Cert.R. San.I.
Food	Principal Inspector	R.C. Morrow, D.V.M.,C.S.I.(C).
Housing	Principal Inspector	G.W. Kelly, Cert. R. San. I.
Sanitation & Hygiene	Principal Inspector	A. Cross, C.P.H.I.(C) .,M.R.S.H.
Chief Health Inspector		E.J. Rigby, D.V.M.,B.S.A.,C.S.I.(C).

The personnel of the branch, in addition to those listed above, consist of 26 qualified inspectors and 2 clerks. During the year two inspectors attended courses conducted by the United States Public Health Service. One course was entitled "Urban Planning for Environmental Health" and the other "Insect and Rodent Control". Both courses were financed by National Health Grants. Such courses are of invaluable help in keeping our inspectors abreast of modern thinking and techniques.

The United States Public Health Service also present Home Study Courses. Seventeen Health Inspectors in this branch enrolled in one of three eleven-lesson courses. The subject matter of the courses are: (1) Basic Mathematics for the Sanitarian, (2) Control of Insects and Rodents, and (3) Communicable Disease Control. The United States Public Health Service provided the lessons, tests by correspondence, set examination papers and issued a certificate to those successfully passing the examinations at the end of the courses. These courses are for home study and require the inspectors to do several hours of study each week for a period of at least eleven weeks. The information provided is up-to-date, authoritative, and of considerable value to our inspectors in their daily work. Once again, the cost of participating in the courses is not borne by the City.

The fifteenth annual In-Service Training Institute for Health Inspectors, sponsored by the Manitoba Department of Health and financed under a National Health Grant, was held April 19-23, 1965. These Institutes serve as a means of acquainting inspectors with current trends and methods in public health inspection work and impress upon inspectors the importance of their routine duties. As it is not practical to have all inspectors attend all sessions efforts were made to have inspectors attend those sessions that were of interest in their particular field.

Rabies: This disease appears to be endemic in Manitoba as 2 dogs, 3 cats, 1 bat, 51 skunks and 11 cattle, making a total of 68 animals were reported positive for the disease in the Province during 1965. No positive cases were reported in Winnipeg but as the disease has been reported from various areas in the Province dog owners are advised to have their animals immunized against the disease. This measure is particularly important if the dog is apt to come in contact with skunks, foxes, coyotes or other wild animals. The Poundkeeper or Health Department should be advised of all instances where an animal bites a person so that steps may be taken to keep the offending animal under observation for a period of fourteen days, as provided for in the Pound By-law. The importance of this procedure cannot be over emphasized.

Ringworm: Pups and kittens were found to be the probable source of this skin infection in three different areas of the City. In one district twelve kittens were examined and eight were found to be infected. Generally, these kittens were strays that had been picked up and taken into the homes by children. The assistance of the Poundkeeper in picking up and arranging for the examination of suspected animals is appreciated.

Dairy Division:

The volume of milk received by pasteurization plants increased from 14,000,000 to 14,900,000 lbs. per month although the number of producers decreased from 685 to 671.

All milk is now transported from the farm to the plant by bulk tank trucks. There are 26 such trucks which collect the milk from the refrigerated tanks on the farm every second day. Due largely to the efficient refrigeration, the use of bulk tanks has been instrumental in effecting an improvement in the quality of raw milk entering the pasteurization plants.

The practice of collecting and testing samples of each producers' milk twice monthly was continued. A plate loop count of 100,000 or less was considered acceptable milk, and producers shipping milk with a count below 50,000 per ml were paid a bonus of 10¢ per hundred. During 1965, 16,363 samples were collected of which 96% had a plate loop count less than 100,000 per ml and 91.5% qualified for the bonus.

All cattle in the area have been tested for tuberculosis and brucellosis and all reactors to either test slaughtered.

There are eight pasteurization plants processing milk for sale in Winnipeg and all milk and milk products are pasteurized. The plants are inspected at frequent intervals and samples of the finished products are collected; 2279 of such samples were collected during the year. These, when tested, were found to comply with recognized standards for the Coliform, Standard Plate Count, Butterfat and Phosphatase tests. The quality of milk and milk products sold in Winnipeg is good and no disease traceable to milk or milk products was reported during the year.

Food Division:

This division is responsible for the inspection and sanitary supervision of all premises where food is manufactured, processed, stored, sold or served in the City. There are approximately 1800 such premises. Licences to operate are required for 817 premises and for 528 food and drink vending machines. The licensed premises include 539 restaurants, 59 caterers, 87 dance halls, 56 hotels and 10 sausage manufacturers. Retail and wholesale food stores, bakeries, canteens, fish processing and a number of other food premises while subject to inspection do not require a licence to operate. An effort is made to inspect restaurants and bakeries at least once a month with re-inspections made where warranted.

The Red River Exhibition presents an annual problem due to the number of temporary refreshment booths located throughout the grounds and midway. Two inspectors were assigned to duty at the Exhibition during the

afternoons and evenings and the period required for setting up and dismantling the booths and fixtures.

There are ten wholesale sausage manufacturers in the City, all of which use only federally inspected meats for the processing of sausage and meat products. During the year one such manufacturer completed a new modern plant and came under Federal inspection. No difficulty was encountered in enforcing the by-law requiring that all meat sold in the City be from animals slaughtered under Federal Government supervision.

The practice of reviewing plans for the construction or alteration of food handling premises was continued. Plans for 15 new premises and alterations to 51 others were approved. Two hotels, eight restaurants, two bakeries and ten food stores were expropriated in the Urban Renewal Redevelopment program in either Lord Selkirk Park Development area or the area set aside for development by the Centennial Commission.

The condemnation of 7,726 pounds of foodstuffs was due to damage done by fire, flooded basements or during transit.

During the year 40 fire calls, mostly outside working hours, in food premises were attended.

The swab testing of dishes, glasses and other utensils to determine if they had been properly washed and sanitized was continued during the year. The test used has considerable educational value and owners and operators are appreciative of the value the test has in educating employees to follow approved methods of dishwashing.

Housing Division:

In 1965 the housing regulations under the Manitoba Public Health Act were improved by a consolidation and revision. Several amendments were made to the Act one of which strengthened our power of entry into a dwelling. Another enabled the making of regulations respecting means of preventing accidental injury or death and prescribing safety measures not dealt with specifically under any other Act of the Legislature. It is conceivable that the time may not be distant when the health inspectors may have safety regulations to enforce in residential buildings in addition to their present duties. During the year City Council passed a by-law to establish standards relating to the state of repair and maintenance of the exterior of all residential buildings in the City, and of buildings of all types and uses in any district classified as residential under any zoning by-law. Owner-occupied single family dwellings are exempt. This by-law was not tested during the year as the required appeal board was not appointed until September, and the requisite form of notice as required by the by-law had not been provided by the end of the year. However our health inspectors did commence a survey of the City to determine the locations of the premises which appear to violate this new by-law.

At the beginning of the year there were 83 houses placarded "Unfit for Occupancy". During the year, 37 additional houses were placarded, 19 were renovated, 29 were demolished leaving 72 houses placarded at the end of the year.

The Council of the Metropolitan Corporation of Greater Winnipeg passed a Building By-law superseding the former City of Winnipeg Building By-law. Unfortunately the new by-law lacks certain safety regulations contained in the former By-law, however it is likely that this newly created vacuum in the field of safety will not be tolerated for very long.

The housing inspectors investigated 1,331 complaints. When a complaint is being investigated the entire building is inspected for violations of the Public Health By-laws and regulations relating to the type of building. In addition the inspectors are on the alert for violations of by-laws enforced by electrical, fire, building, zoning or weed inspectors. 190 referrals in writing were made to the Metropolitan Corporation and other agencies.

The Housing Division issued 19 Police Court Summonses, resulting in 11 convictions, 6 withdrawals and 2 dismissals. Total fines including court costs were \$214.70.

In November an employee of the City of Edmonton spent three weeks as an observer in the Housing Division.

Sanitation & Hygiene Division:

This division is responsible for the routine inspection of factories, workshops, offices, swimming and wading pools, and for the abatement of nuisances due to insects, vermin, smoke, dust, fumes or other unsanitary condition. Samples of the City's water supply are collected on a daily routine basis for bacteriological tests.

During the latter part of June, two public health inspectors from the Division assisted in the instruction given to the temporary help hired as operators of the City's wading pools. In July and August one of these inspectors assisted in the supervision of the thirty-five wading pools and throughout the season collected samples of the water in the pools for bacteriological analysis. In all two hundred and sixty-two (262) samples were submitted to the laboratory. The results of the bacteriological analysis of all thirty-five wading pools complied with the empirical standards set by the Provincial Department of Health. Each time a sample of water was obtained the public health inspector made orthotolidine tests for residual chlorine and measured the pH. Instructions are issued to all the operators to make orthotolidine tests and pH measurements every two hours. Endeavours are made to maintain a chlorine residual of 0.75 ppm.

Swimming pools exclusive of private pools now number twenty-eight and when in operation routine weekly inspections are made, and pool-water samples taken for bacteriological analysis.

The routine inspections of over three thousand factories and workshops continues. At least two inspections annually are made at each place. Some special inspections were made regarding the compounding of organic mercury chemicals. Hairdressing establishments receive periodic inspections.

The Division continues its efforts in the control of pigeons, and during the year shot 2,210.

A perusal of the Division's statistics will show that the staff made 21,895 inspections and re-inspections, held 1,992 interviews, collected 3,222 water samples and dealt with 4,419 defects requiring 4,133 notices.

The tabulated reports of the various divisions follow:

DAIRY DIVISION

	<u>INSPECTIONS</u>	<u>CONTACTS</u>
<u>COUNTRY:</u>		
Milk Producers	2,520	237
Prospective Producers	47	17
Bulk Milk Tanks	2,530	
<u>CITY:</u>		
Pasteurization Plants	207	1,726
Ice Cream Manufacturers	198	
Counter Freezers	449	
Butter Plants	202	
Cheese Plants	200	
Tests of Equipment	39	
Milk Trucks Inspected	21	
Tanker Trucks Inspected	601	
Vehicles - Delivery	79	
	<u>7,093</u>	<u>1,980</u>
<u>SAMPLES:</u>		
Milk Shippers		16,170
Milk Retail		1,495
Milk Special		266
Cream		518
Ice Cream		599
Bottles for sterility		76
Water		61
Special Samples Tested		576
		<u>19,761</u>
<u>GENERAL:</u>		
Calls		1,246
Complaints		25
Letters sent re: Premises		301
Letters sent re: Quality of Milk		41
Notification Cards sent re: Quality of Milk		16,170
Permits Cancelled		27
Permits Issued		15
Temperatures Taken		152
		<u>17,979</u>

FOOD DIVISION

	<u>INSPECTIONS</u>	<u>CONTACTS</u>
Bakeries	476	172
Banquet Halls	115	66
Beer Parlors	268	145
Breweries and Bottling Plants	6	25
Candy Manufacturers	39	53
Canteens & Hotel Kitchens	188	115
Caterers	208	74
Cereal Mills	25	9
Cocktail Lounges	275	181
Dance Halls	167	32
Egg & Poultry Wholesale	23	0
Fish-filleting, cold storage etc.	100	56
Food Processing	93	75
Frozen Food Locker Plants	13	13
Ice Houses and Depots	13	0
Pickle & Vinegar factories	21	16
Poultry Slaughterhouses	33	28
Private Clubs	73	84
Producer's Markets, Vegetable Stalls ..	174	95
Restaurants	5,558	1,476
Retail Food Stores, Grocer, Butcher etc.	3,228	992
Sausage Manufacturers	214	161
Wholesale - Groceries & Vegetables	169	36
Fires in Food Premises	40	65
Vehicles	49	5
Vending Machines	352	18
Special Calls	838	369
Total	<u>12,758</u>	<u>4,361</u>

Complaints	227	Samples: Water	23
Notices: Verbal	6,291	Food	900
Written	225		

Plans Examined	131	Plans Approved	66
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Bacteriological Tests - Restaurants & Beer Parlors.

Number of Premises	744	Number of Utensils	2,904
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Condemnations (destroyed in City Incinerator)

Baked Goods	619 lbs.	Plastic Cups	1,000 lbs
Candy	163 lbs.	Detergent	50 lbs
Canned Goods	714 lbs.	Fish	62 lbs
Cereal	227 lbs.	Flour	80 lbs
Coffee	515 lbs.	Poultry	69 lbs
Jams	15 lbs.	Milk	50 lbs
Meat	2473 lbs.	Soft drinks	613 lbs
Vegetables & Fruit	1076 lbs.		

HOUSING DIVISION

Primary inspections of dwellings	497
Primary inspections of rooming houses and lodging houses	253
Primary inspections of apartment blocks, duplexes, dwellings connected to commercial premises, hotels, nursing homes, welfare institutions	180
Other inspections and re-inspections	<u>11,570</u>
	<u>12,500</u>

Violations of the Health Act Regulations remedied during the year under orders from the Housing Division

Houses placarded "Unsanitary"	37 buildings
Overcrowding remedied	68 families
Damp or dark cellars vacated	11 cellars
Dark, low-ceilinged attics vacated	4 attics
Additional windows constructed and lighting improved in previously dark attics	4 attics
Bedbugs exterminated	298 buildings
Cockroaches exterminated	67 buildings
Silverfish, lice, mites, fleas, beetles, ants and sowbugs exterminated	73 buildings
Rats exterminated	3 properties
Mice exterminated	120 buildings
Defective cellars repaired	69 buildings
Leaky roofs repaired	94 buildings
Walls, ceilings, floors repaired	389 buildings
Defective eavestroughing repaired or renewed	84 buildings
Defective heating equipment repaired or renewed	104 buildings
Fly screens and/or storm sashes provided	399 buildings
Defective plumbing repaired	449 buildings
Additional plumbing installed	247 buildings
Hot water facilities provided or improved	138 buildings
Additional heat provided	187 buildings
Redecorated	422 buildings
Gas stoves removed from bedrooms	24 buildings
Floor coverings renewed	262 buildings
Additional electric light provided	68 buildings
Blinds provided for windows	45 buildings
Filthy or torn mattresses or bedding and filthy or dilapidated furniture cleaned, repaired or renewed	112 buildings
Floors, walls washed	241 buildings
Garbage nuisances corrected	279 properties
Miscellaneous defects remedied	145 buildings

Placarded Houses as at December 31, 1964: 83

During 1965 - 37 additional houses were placarded "Unsanitary".
19 were renovated; 29 were demolished in that year.

Placarded houses as at December 31, 1965: 72

Notices Issued:	Verbal warnings	6,900
	Formal notices	2,301
Complaints attended to:	Lack of heat	181
	Other complaints	1,150

19 Police Court Cases: 11 convictions, 6 withdrawals, 2 dismissals

11 Police Court Convictions

Failed to exterminate mice	\$ 23.30
Allowed placarded cellar suite to be occupied	28.30
Failed to exterminate bedbugs (2)	26.60
Failed to exterminate cockroaches	43.30
Failed to provide sufficient heat	reprimanded
Failed to install a wash basin	28.30
Failed to provide screens	28.30
Failed to repair plumbing	18.30
Obstructed a health inspector	reprimanded
Failed to provide garbage cans	18.30
Total fines (including costs of Court)	<u>\$ 214.70</u>

Violations of other by-laws discovered by our inspectors and referred
in writing to the proper departments for their action.

Electrical Inspectors	hazardous wiring	88 buildings
Fire Inspectors	fire hazards	13 buildings
Building Inspectors	other safety hazards	68 buildings
Zoning Inspectors	zoning violations	5 buildings
Plumbing Inspectors	plumbing permit required	5 buildings
Public Welfare Department		5 families
Weed Inspector		<u>6 premises</u>
Total referrals in writing		<u>190</u>

DIVISION OF SANITATION AND HYGIENE

Inspections

OFFICES, WORKSHOPS AND FACTORIES	7,442
HAIRDRESSING ESTABLISHMENTS	717

LICENSED PREMISES:

Billiard Parlors	149	
Bowling Alleys	46	
Hatcheries and Pet Shops	11	
Junk Yards	102	
Laundries	129	
Massage Parlors	70	
Poultry Keepers	1	
Second-hand Stores	242	
Skating Rinks	9	
Soap Manufacturing	1	
Tanneries and Hide Curing	10	
Undertaking Parlors	32	
Theatres & Stadium	<u>15</u>	
Total Licensed Premises		817

OTHER INSPECTIONS:

Air Pollution	303	
Comfort Stations	234	
Garbage and Refuse	2,913	
Lanes, Streets and Lots	5,994	
Outbuildings	90	
Schools	8	
Swimming Pools	808	
Wading Pools	356	
Wells	57	
Workmen's Closets	1,740	
Miscellaneous	<u>416</u>	
Total Other Inspections		<u>12,919</u>

TOTAL NUMBER OF INSPECTIONS

21,895

INTERVIEWS	1,992	
WATER SAMPLES	3,222	
DELIVERIES	843	
COMPLAINTS	973	
PROSECUTIONS	2	

NOTICES:

Verbal	3,440	
Letter	417	
Informal	215	
Specification	22	
Mandatory	<u>39</u>	
Total Notices		4,133

DEFECTS DISCOVERED & DEALT WITH:

Cleanliness, Lack of	219
Common Drinking Cups	73
Covered Waste Receptacles	233
Dampness	1
Drinking Facilities (Water)	2
Garbage and Refuse	1,242
Gas Installations	25
Heating: Lack of	29
Lanes, Streets and Lots	1,215
Lighting: Natural or Artificial	24
Noises	40
Overcrowding	3
Plumbing: Lack of	5
Defective	33
Insufficient	6
Dirty Fixtures	176
Legible Signs, Lack of	56
No Water Supply	3
Privacy, Lack of	2
Pigeons and Poultry, Illegal	62
Rest Rooms: Dirty	9
Furnishings	2
Matron, Lack of	1
Rodent: rats	34
mice, other	5
Smoke, Dust, Fumes, Odors	362
Soap and Towels, Lack of	74
Stagnant Water	2
Structural Defects: Roofs & Ceilings	13
Cellars, floors and walls	12
Screen doors and windows	1
Storm doors and windows	1
Swimming Pools, Wading Pools	66
Ventilation	38
Vermin	12
Workmen's Closets	120
Miscellaneous	218
Total Defects and Irregularities	<u>4,419</u>

CITY HEALTH DEPARTMENT

Summary of Expenditures, 1965

100	Personal Services	\$632,395.00
200	Outside Services	90,130.00
300	Materials Supplies & Repairs	62,090.00
400	Equipment, Additions and Replacements	14,002.00
600	Other Expenses	1,263.00
800	Automobile Expenses	23,004.00
	Total	<u>\$822,884.00</u>

		<u>Total</u>	<u>Salaries</u>	<u>Other Expenses</u>
314-010	Administration and Statistics	\$ 38,773.00	\$ 35,495.00	\$ 3,278.00
314-011	Communicable and Other Diseases	87,008.00	29,143.00	57,865.00
314-012	Inspection Services	141,863.00	128,513.00	13,350.00
314-013	Child Medical Services	38,902.00	5,184.00	33,718.00
314-014	Child Dental Services	108,597.00	63,445.00	45,152.00
314-015	Nursing Services	280,099.00	266,475.00	13,624.00
314-016	Health Services Extension	127,642.00	104,140.00	23,502.00
	Total	<u>\$822,884.00</u>	<u>\$632,395.00</u>	<u>\$190,489.00</u>

Sources of Revenue

National Health Grants	\$ 86,816.00	10.6%
Provincial Government Grant	90,265.00	11.0%
Milk Control Board Grant	4,320.00	.5%
Dental Clinic at General Hospital	8,359.00	1.0%
Social Allowances Act	126,060.00	15.3%
City of Winnipeg	<u>507,064.00</u>	<u>61.6%</u>
Total	<u>\$ 822,884.00</u>	<u>100.0%</u>

Cost per capita

\$3.23

